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LECTURE IV.

WE have now, Gentlemen, gone over some of the points connected with surgical operations, particularly amputations; we have alluded to the different amputations, the various methods of performing them, and the indications which should determine your course of action. At our last discourse we went over, in a summary way, some of the points which it was necessary for you to take into account in connexion with the consequences of severe operations. I dwelt at that time, however, more particularly on those troubles which belonged to disturbances of the vascular system, and only, under the head of nervous disorders, made a reference to tetanus. I said but little, however, of the shock that was attendant upon severe injuries or upon operations; neither did I refer to *coma*, *traumatic delirium*, or *delirium tremens*. All these complications are worthy of your attention, inasmuch as you will find most, if not all of them, of very common occurrence in your surgical practice.

What do you mean by shock? It is a depression of the vital forces. Now, you will find that the intensity of this prostration, its duration and time of appearance after the accident, varies very greatly in different individuals, depending for the most part on their temperament and the severity of the injury. You will see some patients, after a very severe laceration, brought into the Hospital with little or no shock, as in the case we have just looked at down stairs. That man is suffering from a compound comminuted fracture of the leg, and the limb has been terribly twisted; yet a half an hour after the accident he suffers but little pain, and his pulse is normal in frequency. In all probability, if you visit him six hours hence, you will find altogether another stage of things, that is to say, there will be a marked depression of his vital energies; his pulse will be weak and small; his skin cold and clammy, and there will be jactitation present. If that man's limb required amputation, by an operation I would ward off that accumulation of shock; in other words, I would anticipate it, and would relieve his system of the burden, as I did recently in another similar case. About ten days ago, a man was brought into the ward under the same circumstances, and had also a compound comminuted fracture in nearly the same locality which, however, required amputation. I saw him very soon after the accident, and took off his limb before the shock had sufficiently accumulated to weigh down his energies, and thus gave him a much better chance than if I had waited. In all cases of that character, when you see them at that time, do your duty at once, for you need not hesitate concerning the propriety of the adoption of such a measure. This, I think, is a point which is not sufficiently insisted upon. The general impression is, that the shock comes on immediately; this is a great mistake; the system requires some little time to feel the impression. An accident in its effects is not unlike in character a violent moral emotion. Let me give you an instance. I told a lady, whom I saw some two or three weeks ago, that a very near and dear relative of hers, who was exceedingly ill at the time, was likely to die. On receiving such a piece of intelligence she appeared, to all intents and purposes, indifferent, as if she regarded it as a matter of course. I then left her to return the next day and find her weeping most bitterly at the thought of such a result, showing that the moral sensibilities in the meantime

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had accommodated themselves to the circumstances, that after a lull the storm had burst in all its fury. There is, then, an interval between the reception of the cause and its effect, which, as I remarked before, varies with different individuals.

Now, you may mistake what we mean by shock for something else, for *collapse*, which it resembles very closely; but it is very important that you mark the difference between the two. Collapse comes on a long time after the reception of the injury, after reaction has been attempted, or when the system can no longer resist the effects of the shock, and is perfectly exhausted. In shock you have some chance for recovery, in collapse much less, and sometimes none at all. You see, then, a proper distinction between the two, and, as far as it relates to the matter of prognosis, it is of vital importance. What, then, are the symptoms of shock? There is a sudden arrest of the development of nervous power; the steam, so to speak, is cut off from the machine; the nervous power generated in the brain and various nervous centres is arrested; the heart no longer feels the influence of its accustomed stimulus, and its action is in consequence interrupted; all the secretions of the body, for the same reason, are checked, and perhaps nearly cease to work, until such time as the system can restore its equilibrium and reaction is established. Occasionally you will find a person suffering from shock who is entirely unconscious; this, however, is not a general thing unless the shock has involved the organ of thinking more than the rest of the body, that is to say, the brain. If that organ be involved, we have a complication of shock described in the books under the head of *concussion*, and which is liable to run into *coma*. This state of things must not be compounded with shock *per se*. Concussion expresses the mechanical condition as affecting the vital action, while *coma* by itself only refers to the intellectual condition referred to, or in other words, the shock. The amount of *coma*, in some instances, may be out of all proportion to the amount of shock, while in other cases the shock may be out of all proportion to the amount of cerebral disturbance, showing how in different cases the gravity of the prognosis may be modified. In some cases, then, the shock may be very severe and yet the mind be perfectly clear. Shock may not only exhaust the thinking faculties, the power to express and observe, but it goes a little further than this, it destroys the power to feel. I remember one man who was admitted years ago into this Hospital, who had fallen into a lye-tub, scorching the whole surface of his body. That man told the class of students assembled at the bedside, that he suffered no pain and had not since the start. Why was this? Because the shock had been so intense as to destroy his perceptive power. In connexion with this loss of sensibility, as is always the case, there was great exhaustion. He was breathing fast and short; he was tormented with excessive thirst; his skin was cold; his tongue purple, and in an hour or two after he calmly expired. The power of sensation will sometimes fail before the intellectual, as in the cases of etherization. You place the saturated sponge to the nose and mouth of the patient, and the first effect produced is a loss of sensibility to pain; he will not suffer during the operation, although he has consciousness enough left to know what is going on; you carry your anaesthesia further, and his perceptive power also will be gone. I will give you another case that will illustrate what I am speaking about:—A lad was admitted long since into this Hospital, whose thigh was torn off at the hip joint, and it was necessary to remove the head of the bone. The vessels were so thoroughly torn that there was no hemorrhage; the femoral artery at the groin was beating at a furious rate. The patient was pale, had a rapid pulse and hurried respiration, but suffered no pain whatever; all he desired during the operation was an occasional drink of water, and when this was given him he would turn with the utmost unconcern to watch the surgeon trimming the wound, as if only to satisfy an idle curiosity to see how things were progressing. These, then, are the different varieties of

shock and their effects upon the system generally. I give them to you in this way rather than in the abstract, in order to impress the important points more forcibly upon your mind.

Following in the train of shock is reaction; this will show itself at a longer or shorter time after, according to circumstances; if the system feels the effects of the injury soon after it is inflicted, then reaction will come on proportionately quick; if the opposite is the case, the appearance of the action will be delayed accordingly. Reaction, in its turn, results in febrile disturbance, and then you have the trouble transferred from the nervous to the vascular system.

Now, there is a state of things which does not belong under the head either of shock, or of collapse, though allied in certain respects to both, and that is what is usually known as the *state of reverie*. A violent mental emotion, for example, will sometimes arrest the vital action to a certain degree. I remember a lawyer telling me, that he had occasion to examine a man in a very important trial, and one who, he was sure, was swearing falsely. He knew it not alone by the answers that were given, but also by the looks of the guilty one. When the man descended from the witness-stand, he sat down in a chair and was unable to rise from it for six hours; he was literally paralysed in consequence of the mental revulsion that was attendant upon the consciousness of his having done wrong. Here was an instance of reverie, an arrest of nervous power, caused by a violent mental emotion; the same thing may come on from injury, although this is not such a common cause as the one I referred to.

I have alluded cursorily to *coma*; this is a condition of things which varies very much in degree, all other things being equal, according to the portion of brain that is injured. A man who has a cracked skull, with a little depression, for instance, of the frontal bone, will perhaps be brought into the ward in a stupid state, but the shock which he has received does not prevent him from answering yes or no to questions, nor from swearing at you if such examinations are extended to greater length than is satisfactory to him. This man is only a little confused, as if partially intoxicated. Another person has fallen not half so far, nor with half so much force, and yet he is perfectly overpowered; he cannot speak, his pupils are both dilated, his breathing is slow and heavy, his pulse is also slow, and he is perfectly unconscious of everything that is going on around him. In the former instance the case is a simple one, and will probably recover, while in the latter you have a fracture of the base of the skull, and the result will be fatal; for the intellect is not, so to speak, arrested in its action, but is completely destroyed.

Sometimes the very opposite state of things takes place in consequence of shock, and that is wakefulness. This, when it occurs, is much worse in its effects than ordinary coma, inasmuch as it is apt to last for two or three days and eventuate either in furious delirium or mania. Not unfrequently this condition follows the shock of confinement in some women of nervous temperament, and when it does occur, is regarded by the experienced practitioner with great anxiety in reference to its results.

We now come to speak of another attendant upon accident which is known as *traumatic delirium*. These cases are very frequently confounded with *mania-à-potu*. It is a great mistake to look upon them as pathologically the same. Delirium tremens is always associated with drunkenness, but the other may come on in persons who are not addicted to drink. An attack of *mania-à-potu* may be the result of any slight cause and soon pass off, but traumatic delirium is always the result of a grave injury. The former generally comes on very soon, while the latter makes its appearance after many days. You must also remember that it is very rare for a case suffering from traumatic delirium to recover, and if the patient do recover you may, upon very good grounds, doubt the accuracy of your diagnosis. Now I will give you a case. A man has a badly crushed leg and goes on very well for three or four days, suffering considerably from excitement, and somewhat from delirium

when these symptoms subside. The wound, which was previously sloughy, begins to clear off, and you have hopes of him. The next day you go to his bedside and he tells you he is well, and asks if he cannot get up and be about. This question, under the circumstances, is enough to alarm you of the danger of your patient. His pulse is steady, perhaps a little too frequent; he has no trembling, no twitching of the muscles, in fact nothing can be noticed about him except this ominous delirium, and the experienced surgeon makes up his mind that the patient is going to die.

Now *delirium tremens* ought to be a study almost by itself; there is a good deal to be said about it, and I could spend two or three hours in giving you a description of all its varieties. The attack comes on very differently in different persons, and depends upon a variety of causes, being almost always of something that is going wrong in the system. I have rarely seen it as a spontaneous affection. There is another state of the system, which is also a constitutional manifestation in a man addicted to drunkenness, where there is no delirium whatever present. It is a form of disease that has been described of late years by the Danish and Swedish writers as *alcoholismus*. You have doubtless often seen such cases, and you will agree with me in saying that it can be easily recognised when your attention is once drawn to it. Persons suffering with this trouble may be able to tend to their business and work, but they are inclined to be stupid; weak, bodily and intellectually; subject to more or less constant tremulousness; the most trivial cause serving to upset their nervous energies. It can easily be seen that as in delirium tremens the occurrence of an accident intensifies the symptoms and renders them consequently more distinctly recognizable. But to return. Delirium tremens makes its appearance at other times than after an accident, but it does not follow that it is not nevertheless a symptomatic affection. A sailor returns from a long voyage with a pocketful of money, and for want of something better to do, spends it all for drink. He continues his libations for a day or two, and the stomach being unaccustomed to that amount of stimulation takes on inflammation. He loses his appetite in consequence, and soon his mind is wrapt up in all the horrid delusions attendant upon delirium tremens. Now what is the start of this trouble? Delirium tremens succeeded the irritation of the stomach, the gastritis if you please, and is symptomatic of that. This is a type of the disease which is very common. Just as the previous habits of the patient have been, just in proportion will the disease continue for a longer or shorter time. If the man, previous to the attack, has been habitually temperate, as soon as the alcohol is washed out of his blood he is all right; if, on the other hand, he indulges frequently, the urgent symptoms of the attack will pass off but not entirely, and he may be the subject of delusions for weeks, and perhaps months, afterwards. Any other disease besides gastritis may produce in a dram-drinker the same state of things. I have seen it follow an attack of inflammatory rheumatism, and it is frequently associated with pneumonia and bronchitis. Now with respect to the treatment of delirium tremens. I need not describe to you the symptoms of this affection, the cases are so plain "that he who runs may read;" you have a wandering disturbance of the mind with a tremor of the muscles and wakefulness. Let us first take up the question of bloodletting in this disease as a curative agent. There is a tradition in this hospital that one of the young men, about thirty years ago, had a violent case of delirium tremens, which came in late at night. The Dr. sent word to Dr. Hossack, who was Attending Surgeon at that time, to ask advice on the matter. The message was this: "Dear Doctor, a patient has been admitted in a furious state of delirium, following a protracted debauch. I bled him freely, but the symptoms still continue. What is to be done?" The reply made was very significant. "He will require no further treatment." Shortly after the patient was dead. Now, as a general rule, delirium tremens is a form of disease which above all others requires supporting treatment, but there are exceptions of course to

the general rule. I remember one poor fellow, a sailor, who in a fit of delirium tremens stabbed himself in the abdomen and then jumped into the river. The wound bled very freely, and when he was brought into the hospital the delirium had entirely disappeared, and nothing was left for us to treat but the wound, which was not a dangerous one, and the patient recovered without a bad symptom. Here the loss of blood and the cold bath did the business for him. The treatment must, as in all other diseases, vary with the circumstances of the case. It has been found that in a great many cases all that is required is a good sleep. Knowing the efficacy of this, the practice has been to produce this sleep, if it does not come on naturally, by the administration, if need be, of a large anodyne. I have seen, in times gone by half an ounce of laudanum given at a time with a view of producing an effect, so that it was oftentimes difficult for me to satisfy myself whether the patient was dying from the medicine or the disease. We don't resort to this violent practice at the present day—it is altogether unnecessary and besides it is very dangerous. As I described to you before, a man with delirium tremens is apt to have gastritis, which renders him unsuspensible to the drug, unless it be given in poisonous doses. It was Dupuytren who first called attention to this fact, and in order to produce the same effect with a smaller quantity of the drug, he suggested the propriety of injections into the rectum, inasmuch as the mucous membrane of that locality was in a healthy condition. There is another way of treating delirium tremens by producing a revulsion upon the nervous system by exhausting the excitability. This is the advantage of the plan of treatment proposed by Dr. Clapp, of Pennsylvania. He was in the habit of giving a powerful emetic, when the patient would in consequence become exhausted and so fall asleep. If this did not suffice calomel was combined with the emetic, which also caused slight purging, and this treatment continued for two or three days generally brought the disease to terms. It is a pretty good practice, but it is one which can only be resorted to in persons who have a vigorous constitution. Another plan, which is found efficacious in some cases, is moderate doses of ipecac in the form of Dover's powder at bedtime. Another practice is to keep the nervous system properly balanced by the judicious administration of the accustomed stimulus, to keep up the steam so to speak. The practice of this house is a mixed one in regard to the treatment of this disease; we combine all the methods, and make use of one or other when any special indications in a given case demand it.

JOHN HUNTER.—The Council of the Royal College of Surgeons have just caused a beautiful memorial tablet to be placed over the site of the grave of Hunter, resting in Westminster Abbey, with the following inscription: "Beneath are deposited the remains of John Hunter, born at Long Calderwood, Lanarkshire, N.B., on the 13th of February, 1728. Died in London on the 16th of October, 1793. His remains were removed from the church of St. Martin's-in-the-Fields to this Abbey on the 28th of March, 1859. The Royal College of Surgeons of England have placed this Tablet over the grave of Hunter to record their admiration of his genius as a gifted interpreter of the Divine Power and Wisdom at work in the Laws of Organic Life, and their grateful veneration for his services to mankind as the Founder of Scientific Surgery." The above inscription is deeply cut in brass of a Gothic design, inlaid in a slab of polished red granite, and presents a chaste and elegant appearance. The work has been executed by the Messrs. Hardman of Birmingham. Mr. Weekes, the eminent sculptor, is progressing favorably with the statue of Hunter, which is to be of marble, and to be placed in the Hunterian Museum. Mr. South, the President of the College, is still receiving subscriptions to go towards the foundation of a scholarship after the payment for the statue. Our transatlantic brethren, who have already sent a handsome sum to Mr. South, are continuing their subscriptions.—*British Jour.*

Original Communications.

A STATISTICAL CONTRIBUTION

TO THE

DIAGNOSIS OF CANCER OF THE STOMACH.

BY

JAMES C. ORTON, M.D.,

OF NEW JERSEY.

(Continued from page 222.)

THE constant symptom of all gastric derangements is always present in cancer of the larger curvature, but is too variable in constancy and severity to be considered specially. Generally, it amounts to a mere uneasiness in the early stages of the disease, gradually increases in severity, being most troublesome during the digestion of food, and relieved by vomiting. It finally becomes a seated pain at the pit of the stomach, aggravated after taking food, or on pressure being made over the epigastrium. Rarely the stomach is not the seat of pain.(a) In such cases it may be complained of only in the lumbar region, or chest, more often it has taken the form of a "colic" easily allayed by carminatives. Vomiting is the symptom of which patients more usually complain.(b) It may be one of the earliest symptoms, and towards the termination of the case become much less severe, but more often these relations are reversed, the vomiting being later, and occasionally causing a sudden termination of the disease. It is very rarely absent during the whole course of the complaint. The only peculiarity of the vomiting in cancer of the large curvature, in its earliest stages, is the period after eating at which it occurs. This is according to the situation of the growth or ulcerated surface, whether it is near the cardiac or pyloric orifice. In proportion as it recedes from the former, is the length of time at which emesis occurs after taking food.(c) When the disease is located in the left extremity the pain is often very severe, almost immediately after the act of deglutition, but the vomiting is not constant. When the centre of the large curve is alone involved, pain sets in soon after eating, and gradually increases until vomiting takes place, when it begins to decline. This occurs from half an hour to two hours after taking food, but if the disease involve principally the pyloric extremity, the vomiting is delayed three or four hours. Vomiting becomes diagnostic of cancer when the matters ejected are offensive and contain blood. This is the *coffee grounds* appearance which marks the ulcerated cancer, and, of course, the last stage of the disease. In reviewing this symptom it may be said that vomiting is not invariably present, is milder and less frequent when the disease is at the left than at the right, and when in the centre may be entirely absent. It is often preceded and followed by offensive eructations in the early stages, and discharges from the mouth of thin, ropy mucus.

In cancer of the larger curvature of the stomach a tumor, or fulness, or unnatural hardness may be discovered at some period of the disease in the epigastrium. Taken in connexion with the symptoms which have preceded or which accompany it, this tumor may furnish the first unequivocal evidence of the precise nature of the difficulty. The period at which this tumor may be discovered on examination, is doubtless early, although it is generally not detected until the disease has far advanced. When the cancerous growth is seated in the left extremity the tumor may be found just below the ensiform cartilage, in the same situation as when the cardiac orifice is involved with cancer of the cardiac extremity of the stomach.

(a) Of three cases of encephaloid tumor of the great cul-de-sac—one had great pain after eating—two severe pain in stomach.

(b) Of three cases—eight vomited, one not, one no note.

(c) Of three—one vomited early in disease; none towards close; one vomited at close, blood, pus, and bile; one not given.

When the tumor is large it is sometimes movable, which may assist in distinguishing it from those cases where the orifice is involved. It more often is felt much lower, and has been mistaken for a tumor of the spleen and pancreas. In cancer of the central portion of the curvature the tumor is felt near the umbilicus, and most generally a little above and to the right. Generally a distinct well defined tumor may be made out, but in other cases, where the disease is extensive, involving all the coats, it may be felt only as an undefined hardness. When pressure is made upon this tumor, the pain, or uneasiness is greatly increased, and sometimes it gives rise to vomiting. A peculiarity several times noticed is the subsidence of the tumor after free purgation, probably from a breaking down of its substance. The tumor has also been observed to pulsate, when the disease was situated near the pylorus. In such cases it has been found situated directly over the aorta, of the pulsations of which it partook. It has only a pulsatory movement, not the lateral expansion of an aneurism, for which it might be taken. It does not increase to a great size, but generally remains apparent only on manipulation.

The general symptoms which may arise are various, and by no means uniform. The bowels are constipated early, but later often free, with tendency to diarrhoea. The appetite is always poor when the disease involves the cardiac extremity, but more often voracious and capricious when seated in the central position. The tongue is not much changed; the pulse and general strength proportionate to the ability to take and retain food. Emaciation is far from being marked in most cases, though it is progressive. The complexion but seldom, comparatively, has any distinctive or diagnostic appearance. The immediate cause of death is sometimes sudden hemorrhage from the stomach; more often the result of frequently-repeated attacks. Edema often comes on, and ascites, due to the impoverished and cachectic condition of the system. Cancer of the smaller curvature of the stomach runs a course somewhat different from that which we have first considered. This is due to its anatomical position and pathological structure. Cancer in this situation is less subject to the pressure and irritation of food, to the compression exercised by the stomach in its contractions, and finally it is always of the scirrhus variety. Pain is generally present, and often is extreme and constant, but vomiting is rarely a symptom. Occasionally, however, it occurs after ulceration has taken place, and sometimes proves fatal at once from the quantity of blood lost. When it is present, it comes on sometimes after eating. A tumor is less frequently felt in this situation than when the larger curvature is the seat of difficulty.

PYLORIC EXTREMITY.

The pylorus is nearly twice as frequently the seat of cancer as both the cardiac orifice and the body. It occurs five times as often in males as females. The age most subject to it is included between the fortieth and fiftieth years, it being a disease rather of middle than very advanced life, as in the case when the cardiac orifice is involved. (a)

The duration of the disease, dating from the appearance of acute symptoms, does not often extend over one year, while a majority prove fatal within six months. Symptoms of dyspepsia are experienced for many years; but it is not probable that they bear any causative relation to the disease. As in the other localities noticed, cancer of the pylorus does not depend upon any particular habit, or occupation, or condition of body traceable. The great preponderance of males over females might lead to the supposition that habits of intemperance or occupation might have, if not a predisposing, an exciting cause in its production; but facts do not confirm the opinion.

Pain is again a prominent symptom in most cases. It varies with the action of the stomach, whether quiet or

engaged in digestion. It is least, and often entirely, absent in the interval of taking food. Pressure over the pylorus greatly increases it, as in the former case, when pressure was made over the tumor. It may be entirely absent; and in such cases the disease runs a very obscure course.

Vomiting is rarely absent. It generally takes place several hours after eating, and is followed by great relief. The effort is not great, and the act is desired for the relief which it gives. Vomiting, in cancer of the pylorus, is not wholly dependent upon the contraction of the orifice, as that condition occasionally exists when vomiting is a persistent symptom. There is nothing diagnostic in the character of the vomiting until ulceration takes place, when blood and the cancerous debris are the matters ejected.

As, with careful manipulation, the pylorus may be felt through the walls of the abdomen in a healthy person, not unusually fleshy, so the detection of a tumor, or the early enlargement and induration of the cancerous growth seated in this place, may be detected. On the care with which the early examination is made depends the early detection of the disease. The symptoms already referred to are not individually or collectively reliable in the formation of an opinion; but in connexion with the detection of a tumor they become of great importance. The tumor is generally seated to the right of the umbilicus and ensiform cartilage, at a variable distance from them, both laterally and vertically. It increases the pain or distress, which may have previously existed at that point, to make pressure upon it directly or even remotely. The tumor may, however, be absent, or undefined, in which case it protrudes backwardly. If other symptoms are then not marked the disease passes on to a fatal termination unrecognised.

The general symptoms are such as belong to cancer of the cardiac orifice. Obstinate constipation is early present, but as the case advances diarrhoea alternates. Emaciation is generally marked, but depending, as in the other case, upon the degree of ulceration. If this should be such as to leave the orifice free, vomiting will not be so frequent, and the food may have time to digest and the fatty matters to pass into the intestines and be absorbed. The complexion is not more markedly cancerous than in other instances; death takes place usually from exhaustion, but not from inanition, as in cancer of the cardiac orifice. The exhaustion is occasioned by the constant suffering, and frequent losses of blood by vomiting.

In reviewing briefly the symptoms of cancer of the stomach when located at the cardiac and pyloric orifices, and in the body, we cannot fail to notice some points of difference worthy of attention in diagnosis. Pain is common to all and not reliable in itself. Taken in connexion with other symptoms it has a relative value. Vomiting is also common to all, but peculiarly different in cardiac cancer from that occurring in the other situations. It follows during or soon after the act of deglutition, which is painful. In cancer of the body or pylorus it takes place at a period after eating, depending upon the situation of the disease from the cardiac orifice. A tumor is discoverable only in cancer of the body, and pylorus primitively. It is not possible with this alone to discriminate between cancer of the pylorus and body, so variable is its location. In general we may say that it is larger, and more easily defined as a tumor, when the body is the seat of a cancerous growth.

CONCLUSIONS.

The most important symptom, therefore, in cancer of the cardiac orifice, is *difficult deglutition*, the constriction being seated on a line corresponding with the orifice.

The most reliable symptom of cancer of the body is a tumor which cannot ordinarily be early detected. Of the earliest symptoms, pain always after eating, finally relieved by vomiting—eructation of fetid gas, ropy and fetid mucus—intervals of entire relief—absence of fever—constipated bowels, are most reliable.

(a) Males, 30; females, 6—26, 2; 30, 4; 40, 11; 50, 7; 60, 8; 70, 2; 78, 1.

In cancer of pylorus, the tumor early detected, taken with the seat of pain, which may be lancinating, relieved by vomiting, with the other symptoms, as in case of cancer of the body, give the best evidence of the nature of the difficulty.

In the diagnosis of cancer from other affections of the stomach, the symptoms now reviewed would have to be relied upon. The difference is ordinarily sufficiently well marked by the occurrence of several of these symptoms together.

SOME ACCOUNT OF THE MORE IMPORTANT WATERING PLACES OF GERMANY.

BY CHARLES D. SMITH, M.D.

IN this age of steamships and railways the facilities for reaching and travelling in Europe have increased so rapidly that localities heretofore almost unknown are now frequented, and once inaccessible places brought near. Especially is this the case with regard to those lovely spots, the German watering places. Formerly familiar to Europeans alone, they have become, of late, the resort of our own countrymen; and, at the present time, hardly a mineral bath of any celebrity exists which does not include, among its yearly visitors, numbers of our citizens. Nevertheless, whilst their attractions are appreciated by the mere pleasure seeker, their rich resources for health are not, I think, fully apprehended.

At the present day, when change of air and scene, regimen, and general hygienic measures are more enforced in the treatment of chronic diseases than drugs, it occurs to me that the prominent German Spas, whose waters are so efficacious, should be brought more into notice; and, with this view, I think it may not be uninteresting to your readers to present a familiar sketch of those I have visited.

The Duchy of Nassau contains within its small limits several of the most noted springs of Europe, alike beneficial in internal and external use: prominent among these are Ems, Wiesbaden, and Schwalbach.

The little town of Ems is situated on the Lahn, a small stream, running through a narrow valley, between high mountains, towards the Rhine. It is reached by railway, in one hour after leaving the Rhine boat, through a pretty country decorated with highly cultivated fields and picturesque ruins of ancient fortresses and castles. The houses and hotels, which are commodious, are situated on both banks of the river, the grounds tastefully laid out, well shaded, and plentifully supplied with seats, affording shelter and rest to the promenaders going through the process of imbibing. The society is always good, and there is no place which enrolls among its visitors so many distinguished personages as Ems. Kings and princes, Grand Dukes and rulers of the neighboring principalities, annually congregate here, not only to drink the waters, but to enjoy in the society of the refined and intellectual perfect freedom from court conventionalities. Owing to its situation between high hills it is very hot in summer, and on that account the "season" continues somewhat late in the Fall. Four to five thousand strangers visit this little town every year, and the number is said to be on the increase.

The two sources which furnish the water are called the Kesselbrunnen and the Kräichenbrunnen, the former is of the temperature 116° Fahrenheit, the latter 91°. They are taken warm, are easily digested, and not unpleasant to the taste. According to Kastner, the first contains, in 16 ounces, 31 grains of solid ingredients, viz.:

Carbonate of Soda	20.01
" Lime	1.97
" Magnesia	1.19
" Iron	0.03
Chloride of Sodium	7.02
" Potassium	0.03
Sulphate of Potash	0.54
Silica	0.40
20 cubic inches of Carbonic Acid.	
$\frac{1}{2}$ cubic inch of Nitrogen.	

The Kräichen is the most active and most used. It contains, in 29 grains of solid constituents, 17 of carbonate of soda, 2 of carbonate of lime, 74 of chloride of sodium, and is in other respects analogous to the former, with, however, more carbonic acid and nitrogen. Two to five tumblers, according to the circumstances of the case, are taken in the morning fasting, and, occasionally, if warrantable, after dinner. The water from these sources is also used for bathing, and in the "Neue Badhaus" are rooms arranged with every possible comfort and convenience. So greatly are they sought after, that it is with difficulty the newly-arrived can procure one.

Ems has a high reputation for the cure of diseases of the air passages, particularly those of the larynx. Pulmonary consumption is not cured by a residence here as was formerly supposed, but is sometimes benefited by undergoing a "course," with proper precaution as regards clothing and exposure to the night air. Hufeland was in the habit of sending patients here, confident of success, especially those laboring under the disease in its incipency; and cases are recorded of permanent good results. Aphonia, hoarseness, and tracheal catarrh, are said to be greatly relieved. "Irritative dyspepsia, sluggish liver, diseases of the digestive organs, catarrh of the bladder," and other affections of the pelvic viscera, are enumerated among the diseases put down by writers as receiving benefit from these waters. But they are more particularly applicable to the diseases peculiar to females, and, in consequence, women in all stations of life flock here for treatment. The baths are considered the important agent in the cure of their troubles; and the rule is to take one every day (excepting during catamenial discharge), for the space of fifteen or twenty minutes, at a temperature of 24° to 25° Reamur, about 86° to 90° Fahrenheit. They produce a remarkably soothing effect, inducing sleepiness, and allaying, in an eminent degree, those indescribable nervous sensations to which females with uterine affections are subject.

One spring at Ems has for many years been celebrated for curing sterility, called the Budenquille or bays spring. By means of a pipe attached to a sort of hip bath, a douche is sent with some force into the vagina. Ladies may be seen at certain hours wending their way towards the room which holds this precious water, and assiduously persevering in its employment, confident of success, and as often disappointed.

Wiesbaden, about twenty miles from Frankfort, for many years sustained a high character among the watering places of the continent, and the virtues of its springs are, perhaps, better known than many other establishments of the kind. It does not, however, at the present day, occupy the respectable position it once held, it having degenerated into more of a gambling resort. Yet its mineral waters are justly celebrated for the cure of certain maladies, and thousands flock here every season to avail themselves of their advantages. It is a flourishing town of over 10,000 inhabitants, and its clean wide streets, beautifully constructed houses and hotels, its extensive views, and surrounding diversified country, make it a desirable residence. The Duke of Nassau has his principal palace here, where he, with his court, passes most of the year. Over 20,000 strangers visit the town yearly, attracted, perhaps, more by the fascinations of *play* than the pursuit of health.

The heat in summer is great, yet, nevertheless, it is always crowded, and oftentimes difficulty is experienced in procuring accommodation. The winters are mild and equable, and patients, whose cases do not yield during the summer, frequently remain the whole year. No better combination of medicinal ingredients, it is said, exists for the cure of gout, rheumatism, and general arthritic diseases; proof of which is found in the hospital reports of Dr. Haas, published in Gräfe's *Jahrbücher*, of Berlin.

The Kochbrunnen (boiling well) is the principal source. It comes bubbling up with considerable force, throwing out clouds of vapor and running out into the gutters of the streets in such quantities as to astonish with its inexhausti-

ble supply. It is of the temperature of 156° Fahr., is highly esteemed for bathing, and mostly employed for that purpose. The ingredients are as follow: chlorides of sodium the largest proportion, of potassium, magnesium, calcium, carbonates of magnesia, lime, and iron (the latter in very small proportion), sulphates of soda and lime, bromide of soda and magnesium; considerable carbonic acid gas, and a small proportion of nitrogen. One to two glasses are taken in the morning early, and it is advisable to drink it as hot as possible. The enthusiastic take it quite hot, others wait until it becomes cool. It acts very kindly, relieving at once those unpleasant symptoms of the stomach to which dyspeptics are subject. *Too much* will cause diarrhoea and derangement of the bowels difficult to get rid of. It is in taste very like weak chicken broth, and it is a long while before patients can drink it with any pleasure. These waters are also highly recommended in "metastatic diseases arising in consequence of repelled cutaneous eruptions, in inveterate contractions, and even in ankylosis; and are considered injurious in great debility, fevers, and tendency to hemorrhage."

On the road from Wiesbaden to Ems, about two hours' drive from the former place, is the small town of Langen Schwalbach, at an altitude of nine hundred feet above the level of the sea. It is situated in a hollow, and is not seen until you enter its very street. There is nothing striking about the village, consisting of a long street of small buildings, mostly lodging houses, with here and there an hotel of more than ordinary pretensions. The country about is charming, affording extensive views in every direction, and a variety of scenery of the most pleasing character. It is not many years since this watering place was first brought to the notice of Americans. Confined chiefly to the visits of the Germans from the neighboring principalities the properties of its waters remained comparatively unknown; whilst now no spa enjoys a greater reputation for its tonic and invigorating powers. There are three sources from which the water is used for curative purposes; all partaking of the same general character but differing in the proportions of their ingredients—the Stahlbrunnen, Weinbrunnen and Paulinenbrunnen.

The composition of the first two is as follows:—

	Stahlb.	Weinb.
Carbonate of Lime, . . .	1.45	2.11
" Magnesia, . . .	0.88	3.12
" Soda, . . .	0.25	0.17
" Iron, . . .	0.75	0.83
Chloride of Sodium, . . .	0.34	0.18
Sulphate of Soda, . . .	0.21	0.16
Total of Solid Ingredients, . . .	3.83	6.57
Carbonic Acid, cubic inches, . . .	28	cubic in. 36

The Weinbrunnen is the spring most generally sought after. The taste of all three is pleasantly acidulous; clear, effervescent, and sparkling with carbonic acid gas, and of the temperature of 50° Fahr. When heated for bathing the waters turn somewhat dark, and, as the "old man" says in his "Bubbles from the Brunnens of Nassau," they become "thick as a horsepond, and of the color of mullagittany soup." It is said to discolor the skin, and even stain the linen after repeated bathing, but I did not find this the case. These waters, as will be seen, contain a large proportion of iron, and are, of course, highly prized for their chalybeate qualities. They are useful in all cases where sanguineous deficiency exists. Dr. Constantin James says, "I have seen, in Germany, springs where iron exists equal to those of Schwalbach; but I have nowhere seen it better held in solution." I translate further from the same writer, who, in enumerating the diseases for which these waters are recommended says: "Persons come here to repair their lost strength; young girls, pale and anemic, whose menstruation is painful and irregular;—women after tedious or protracted labor, and those suffering from uterine hemorrhage—young men worn out with the fatigue of business in large cities, as well as those who suffer from the abuse of mental labor

or dissipation, and are threatened in consequence with premature decay; also old men whose digestion is slow and laborious." The Schwalbach waters are recommended by European physicians to follow upon a previous course of a sedative or alterative character at other mineral springs. Dr. Sutro remarks of these springs, "their great amount of carbonic acid causes them to be well elaborated; they have been found most strikingly effective in the instance of invalids who have been subjected for a long time to tropical climates." "The rigid torpidity of the liver, and the obstinate alvine obstructions which refuse to yield to mercurials and cathartics give way here." The three sources are prescribed for daily external as well as internal use, the facilities for which are admirable, and upon the same plan as at Ems. Nothing can surpass the luxury of one of these baths taken at a temperature of about 24° Reau. or 86° Fahr. At immersion, a slight shock of coldness is experienced, but immediately a sense of the most agreeable warmth follows; the bubbles of carbonic acid gas, sent off by the heat, crackle and break on the surface of the body, exciting the skin and suggesting the idea of bathing in champagne. Like the Ems waters, these were formerly regarded to be very efficacious in sterility, and so much were the effects dreaded by the *bourgeois* of Frankfort that they took the precaution to stipulate in their *contrats du mariage*, "that their wives should not visit Schwalbach more than once during their married life, for fear of having too large a family."

Within an hour's drive of Schwalbach is another bathing place, worthy of a passing remark, called Schlangenbad or the Serpents' Bath, from the great number of serpents usually found in the source. This secluded spot lies nestled in one of the most beautiful valleys of the Taunus range, and its waters are supposed to possess remarkable virtues, the chief of which is to quiet and compose the nervous system of the most morbidly irritable patient. Its cosmetic qualities are peculiar, cleansing and beautifying the skin to such a degree even after a single bath, that many, particularly of the fair sex, are enticed thither for that sole purpose. The water is so clear and transparent that the body resembles a statue of the whitest marble, which makes one almost in love with one's self; as the "old man" in his "Bubbles" says, "I one day happened to overhear a short fat Frenchman in his bath exclaim to his friend, 'Monsieur, dans ces bains on devient absolument amoureux de soi-même!'" It is stated that the snakes impart to the water the qualities they possess. They are of the temperature of 23° Reau. 84° Fahr. and contain the "muriates and carbonates of lime, soda, and magnesia, with a slight excess of carbonic acid which holds them in solution."

There are two other German mineral springs not very far distant from those I have attempted to describe, whose waters are becoming every year more renowned, and are not altogether unlike in their ingredients and action—Hombourg and Kissingen. Ten miles from Frankfort, at the foot of the Taunus Mountains, encircled by wooded hills, lies the former of these places. It is the chief town of the limited principality of Hesse-Hombourg, is the seat of government, the residence of the Landgrave, and the headquarters of his formidable standing army of twenty-eight men, more or less. Its situation combines many advantages. Six hundred feet above the level of the sea, its atmosphere is cool and invigorating during the summer, and its surrounding walks and drives so numerous and diversified, that invalids are enabled to pass away part of their allotted time in agreeable rambles and excursions. It is only since 1844 that this town has grown into a first-class watering place, and it now ranks with most of the German spas, not only in the beauty of its locality, but in the value of its springs. It is yearly visited by a large number—many, no doubt, drawn thither by the attractions of its splendid Kursaal. Its waters are among the most important saline chalybeates, and are useful in diseases of the liver and stomach. There are four different sources, of which the Kaiserbrunnen (or Emperor) and Elisabethienbrunnen are the most frequented. They are quite cold, of

a pungent, saline taste; the latter not unlike our Saratoga Congress water. They create a sensation of warmth in the stomach and bowels, which is relieved by operation soon after drinking, and are decidedly purgative, without debilitating. Patients, on first arrival, are cautioned to begin with small doses, for fear of producing too great an effect. The waters are not used for bathing. With regard to the diseases met with at Hombourg, I cannot do better than translate again from Dr. C. James's book: "The cases most successfully treated here are affections of the abdomen, from simple dyspepsia to more serious functional derangement. There will be seen those complicated troubles so difficult to describe, which are characterized by a large appetite or the want of it, great flatulency, tension and fulness of the belly; sometimes a diarrhoea, an obstinate constipation, or one is succeeded by the other. To these symptoms are added a congested state of the vessels of the bladder and rectum. Over these troubles the Hombourg waters exercise the happiest influence." Among others who resort here are the morbidly corpulent, who soon run down their abnormal fat. Scrofula, in its protean forms, is found to be benefited; also gout and rheumatism.

The following analysis of the two sources is taken from Dr. Sutro's work:

	Elisabethien.	Kaiser.
Chloride of Sodium . . .	79.15	117.04
" Magnesium . . .	7.16	7.86
" Calcium . . .	7.75	13.32
" Potassium . . .	0.00	0.29
Sulphate of Soda . . .	0.38	0.00
" Lime . . .	0.00	0.19
Carbonate of Lime . . .	10.98	11.10
" Magnesia . . .	2.01	0.00
" Iron . . .	0.46	0.80
Silica . . .	0.31	0.33
Total . . .	108.20 grs.	150.93 grs.
Carbonic Acid—cubic in. . .	484	55 cub. in.
Temperature (Reaumer) . . .	10°	11° (R.)

Two to four tumblers are taken in the morning, always upon an empty stomach, and the quantity may be increased to five or six. The purgative effect, after five or six mornings, passes off.

Kissingen is in the upper part of Bavaria, north-east of Wurzburg, not far off the line of the great Bavarian road from Frankfort to Leipsic. It is situated in the valley of the Saal, so called from the little stream which runs through it. The hills on each side are plentifully covered with luxuriant foliage, highly cultivated fields, and apple-orchards. The springs are surrounded by a grove of trees, laid out in parallel avenues, from which paths run out in every direction. Here, not far apart, under one enclosure, the famous waters of Radozy and Pandur come bubbling up from different wells, furnishing a supply of the richest mineral springs in Germany. They have been examined by many chemists, and among them M. Liebig; but his analysis is so long and elaborate, that a copy of it would occupy too much space. He says of it, however, that "it will not fail to strengthen the confidence of physicians in the efficacy of these renowned waters: they are distinguished for their richness in the rarest ingredients which have, thus far, been found in mineral springs."

I take from M. Sutro's lectures the following analysis:

	Radozy. 9° Rean.	Pandur. 8° R.
Temperature . . .		
Carbonic Acid, cub. in. . .	26.25	28.85 cub. in.
Total solid ingredients in 16 oz. . .	85.74 grs.	76.39 grs.
viz.:		
Chloride of Sodium . . .	62.05	57.00
" Potassium . . .	0.91	0.25
" Magnesium . . .	6.85	5.85
Bromide of Magnesium . . .	0.70	0.68
Carbonate of Soda . . .	0.82	0.03
" Lime . . .	3.55	5.85
" Magnesia . . .	2.50	1.62
" Iron . . .	0.68	0.45
Sulphate of Soda . . .	2.00	1.75

Sulphate of Lime . . .	2.50	0.75
Phosphate of Soda . . .	0.17	0.05
Silica . . .	2.25	1.55
Oxide of Alum . . .	0.18	3.05
Organic Extract . . .	0.15	0.09
Loss, nearly . . .	0.38	0.37

Kissingen is not a hot place in summer; on the contrary, the thermometer rarely exceeds 85° Fah. According to Dr. Granville, a resident physician (who kept a record of the weather during many years), it ranges, during the months of July and August, between 51° and 65° Fah., in the morning, and between 65° and 80° in the afternoon. The atmosphere is generally clear and healthful, and it is considered, in every respect, a perfectly salubrious climate. Probably there is no spot more highly prized among Germans and Russians; the latter crowd here in great numbers, and members of the Imperial family frequently honor this little town with their presence. The King of Bavaria has done much to render this Spa one of the most desirable resorts in Germany; and every season now adds to its popularity and usefulness, bringing with it invalids from all parts of the world, seeking relief from complaints for which its waters are celebrated. The taste is not disagreeable; somewhat sharp, and slightly astringent. They produce in the mouth a tingling sensation, which lasts, however, only an instant. Their effect is, at first, laxative, but not nearly so much so as those of Hombourg. Sometimes they have a contrary tendency. Dr. Granville considers them "purgative and depurative, at first; afterwards invigorating and tonic." If we should believe the different writers on the Kissingen waters, there is hardly a disease to which "flesh is heir" that cannot be cured by them. There is no doubt that many affections of the digestive organs are greatly relieved, and it is said that "hepatic enlargements and passive abnormal congestions are also benefited." A very remarkable case is on record, as having been cured here, of hepatic induration, resulting from hepatitis, with symptoms of abdominal distention, obstruction, anorexia, emaciation, cedematous legs, and fever. Persons from India, with disease of the liver, and also patients slowly recovering from the effects of fever, are sent here by English physicians. Ladies suffering from derangements of the menstrual function, particularly those attending upon "change of life," are greatly improved by a three weeks' "course" at this place. The difference between Hombourg and Kissingen is not easily pointed out, as nearly the same class of patients are sent to both places. On this subject Dr. Sutro writes:—"The atmosphere of Hombourg, however bracing and invigorating for the weakened nervous system of the hypochondriac, is injurious to persons with irritable thoracic organs, and incipient or latent tuberculosis is quickly developed. At Kissingen, patients with the same morbid disposition find a beneficial influence produced on the organs of the chest; previous irritation is allayed, excessive mucous secretion diminished, and tubercular development retarded." With regard to diseases of the digestive organs, he remarks:—"Hombourg requires an uninjured digestive tube, but with obstructed abdominal circulation, and is contra-indicated in general atonic erethism, where Kissingen is recommended." Patients are required to bathe as well as drink, and daily baths of Pandur water, at about 90° Fah., accompany its internal use. Within an hour's walk up the valley is a source, called Soolen sprudel (boiling salt spring), which, at irregular intervals, bursts forth through an artesian well, sending up with great force a column of water to the height of eighty feet. Quantities of carbonic acid gas rise with it, which is made to serve the purpose of baths. The gas, by means of pipes, is passed into a building, and when required is conducted into a covered tub, in which the patient places herself, taking care to exclude the head. The application produces a sensation of warmth, and is agreeable. These gas baths are considered an infallible remedy for infundity!

In enumerating the numerous virtues of the German

Spas, I must be permitted to diverge from their purely medicinal ones to touch, a moment, upon their characteristic features. One of the most striking is the great sociability of the assembled company. Difference in rank presents no barrier to an acquaintance; rich and poor, high and low, meet, for the time, on an equal footing. Courtesy and affability are universal, and pride and ostentation give way to an apparent desire on the part of all to add his or her share to the general content. Strangers from all parts of the world are to be met with, even to Turks, Greeks, and Moors, exhibiting every variety of costume, as well as shade of complexion; and their unintelligible jargon, to an American ear, furnishes an unceasing fund of wonder and interest.

There are always to be found, during the season, physicians of different nations, who are permitted by Government to give their services to those who need them. They are (particularly the English) men of intelligence and education, and, from long experience in the effect of the waters, are capable of giving reliable advice.

The course of waters prescribed is nearly the same at all the German baths; and it is astonishing with what alacrity and endurance the patient submits to the numerous privations required of him. At the hour of five or six A.M. the drinkers are aroused from their slumbers, no matter what the state of the weather, to hurry to the source. Receiving from the hands of the attendants (generally young girls) a glass of the sparkling beverage; they drink their prescribed quantum; walk briskly during fifteen or twenty minutes, and return for another glass, and so on, until the required dose is not only taken but digested. A light breakfast follows, and at ten A.M. the bathing commences—from that time until the primitive dinner hour (one P.M.) scarcely anybody is to be seen. The afternoon is devoted to exercise and excursions upon foot or on donkeys, until towards six o'clock, when the wells are again resorted to. Then, as during the morning, a band of native musicians, hidden among the trees in the vicinity, "discourse eloquent music," cheering and encouraging the water-drinkers in their daily potations. A plain, substantial supper closes the day. "Early to bed and early to rise" is the motto of every seeker of health, and half-past nine P.M. finds "all the world" at home and in bed.

It is amusing to watch the different parties as they succeed each other at the springs. A pale, emaciated anemic-looking girl slowly approaches, and languidly receives her glass; she is followed by a fat, good-looking matron, whose rubicund visage, dotted over with pustules of "acne rosacea," betrays at once what brought her there. Next an enormous specimen of abnormal fat, shaped somewhat like a man, comes waddling up; glass after glass he quaffs, seemingly confident that, after a "course" or two, he will be reduced to fair proportions. He, perhaps, is followed by a yellow-complexioned, melancholy dyspeptic; cross and ill-tempered, he shuns contact with his neighbors, swallows quickly his dose, and darts off in some by-path, where, alone, he can nurse his misery. And thus they come—the lame and the paralytic, the lean and the fat, the old and the young, all to receive new life from these fountains of health.

The "course" continues usually from three to four weeks, and strict rules and regulations are prescribed with regard to diet and exercise. After ten or twelve days, the first effect "of improved appetite, increased secretions of skin and urine, with free alvine discharges being passed," the patient begins to complain of certain new sensations. His appetite fails, flatulency and constipation ensue, and sleepless nights come on, all of which sour the temper and depress the spirits. The "critical reaction" is arrived—it is the period of "saturation"—the medical adviser is satisfied, reduces the dose, forbids the baths, and confidently predicts a "cure."

As to the accommodations at the Spas, the hotels and lodging-houses are comfortable, and the charges reasonable; and every effort is made to render the invalid and traveller

contented. The bill of fare is rather limited, as it is adapted to the use, chiefly, of the patients. Certain articles being sure to interfere with the internal use of the waters are proscribed; the food is, therefore, plain but wholesome.

The "kursaal" at most of these watering-places furnishes resources for amusement, and is the point around which the chief attractions congregate. It is supplied with reading and conversation rooms, saloons for concerts and balls, and, where playing is permitted and encouraged by Government, with gambling halls. On the exterior, spacious colonnades serve for the use of promenaders in wet weather, and in many instances lead by covered way to the "source" most resorted to.

SCHWALBACH, NASSAU, August 1860.

APOPLECTIC PUERPERAL CONVULSIONS.— RECOVERY WITH HEMIPLEGIA.

BY

JOHN G. JOHNSON, M.D.,

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On the 29th of December last, Mrs. D., a primipara, aged 17, consulted me for a severe pain on the right side of the head, accompanied with dizziness. A slight swelling of the left leg was also complained of. She was then within a month of her full term, and being of a delicate constitution, I did not deem it expedient to bleed her, but merely prescribed a mercurial cathartic, which so relieved the distress that no further treatment was necessary. On Monday evening (Jan. 22) I was summoned in great haste to see her, but not being on hand, Dr. Marvin kindly responded to the call. When I afterwards arrived at the house, I ascertained from her mother that labor pains commenced about noon, but they were so slight in character that it was not deemed necessary to send for me. About four o'clock, while the patient was sitting in a chair, she suddenly complained of dizziness and an intense pain in the head. Her husband laid her upon the bed, when she was almost immediately seized with a convulsion, while he was preparing himself to go for me. Dr. Marvin stated that on his arrival he found the patient lying completely insensible; her limbs flaccid; her breathing stertorous; the cheeks puffing out at each expiration; and the pulse exceedingly feeble. There was a mucous rattle in the throat, like that of approaching dissolution. Dr. M. had dilated the os from the size of a five cent piece to that of a dollar; it was soft, and still further dilatable. Bleeding of course was out of the question.

Immediate application of the forceps was deemed necessary, though neither of us supposed that the mother could live until the delivery should be completed. Considerable difficulty was experienced in applying the instrument at the superior strait, as the first blade would slip on attempting to introduce the second. I carried my hand well up, to be sure that nothing but the child's head was within the grasp of the forceps, and then by a careful rocking motion brought the head down a little. I was thus enabled to adapt the blades satisfactorily. The child was speedily delivered; it was still-born, and looked as if it had been dead for several days. The placenta was also delivered without any difficulty. The mother's condition during all this time remained unchanged. By Dr. Marvin's advice, I determined to make use of calomel in five grain doses. Accordingly the powder was mixed with syrup, and placed upon the back of the tongue, but a convulsion occurring soon after, the whole passed out through the nostrils. Another dose was in due time administered, which after a little while was swallowed. The remedy was given every half hour through the night. About twenty-six hours after the first dose was taken, involuntary greenish-colored evacuations commenced, when the remedy was discontinued. A certain degree of restlessness was evinced by a

thrashing of the right side and hand. A few drops of brandy and water were given by means of a swab, when the pulse began to increase in volume, and the mucous rattle to be somewhat less in the throat. She lay in this unconscious condition for sixty-two hours before she attempted to speak. As she began to improve, it was noticed that her face was drawn to the right side, that there was great difficulty in articulation, and that the left side was powerless. In consequence of her restlessness in constantly throwing off the bed-clothes, she was seized on Jan. 11th with an attack of pneumonia on the right side. This was treated by the daily application of dry cups; the stimulants being continued. Chorea movements were marked whenever she was spoken to, or was conscious of being gazed at. She recovered the use of the left foot, in about two months from the time of the first attack, sufficiently to walk cautiously about her room. Her mental faculties were very much impaired, particularly the memory. About the middle of April she was moved into the country, and at this time was able, with some assistance, to walk a short distance in the street. The left leg, however, was so weak that it would give out on the slightest over-exertion. The strength of the arm was in a measure regained. The application of electricity, which had been used previously, was continued. She visited Brooklyn about the 1st of July, when she could walk out alone; the arm, however, was slower in regaining its power. Her mental weakness still remained the same. A few days ago the husband called on me to state that though physically very much better, there was not much improvement in the condition of her mind. The case was of marked interest, from the feebleness of the pulse, a symptom which is very unusual in apoplectic attacks.

Reports of Hospitals.

LONG ISLAND COLLEGE HOSPITAL.

CRUSHING OF THE LUNG SUBSTANCE BY EXTERNAL PRESSURE UPON THE RIBS.

[Reported by R. K. BROWN, House Surgeon.]

JOHN GAYNARD, æt. 39, native of Ireland. On Wednesday, 3 P.M., was engaged in excavating a sewer in Union street, South Brooklyn, when an immense mass of earth fell suddenly and buried him up to the nose. In twenty minutes he was dug out but did not reach the hospital until the further lapse of two hours. When admitted his face was pale, with an expression of anxiety; his respiration hurried, and he was expectorating dark venous blood. He occasionally spoke without being questioned, but with evident difficulty. His body was free from any marks of external injury. On placing the hand upon the chest, which was much swelled, an emphysematous crackling was very distinctly heard. Above the right clavicle there was a swelling, as from extravasated blood. On percussion no difference of sound was heard in the two sides of the chest; and on manipulating no bony crepitus indicative of a fracture was detected. On auscultation the respiratory sound was found to be almost completely absent from the left side, and a peculiar piping sound was heard on inspiration, when the ear was applied there, like that produced by air passing through a narrow channel. Respiration on the right side was normal, but the patient was short of breath; his pulse was frequent and small; his intellect unimpaired; skin slightly cool; no vomiting. Dr. Hamilton, who soon saw the patient, diagnosed a fracture of the ribs and puncturation of the lungs. Ordered small doses of brandy and morphia, but the emphysema soon extended and he died at 8 40 P.M., having survived the accident only a little more than five hours.

Autopsy, fourteen hours after death.—Present, Drs. Hamil-

ton, Gilfillan, and Browne. Body well nourished; very small abrasions above right clavicle and left side of inferior maxilla; very great emphysema, particularly of the trunk and scrotum. On percussion, chest was shown to be very tympanitic; no difference being noticed between the sounds elicited from the two sides, and no crepitus felt indicative of a fracture. Immediately on dividing the integument over the sternum, air escaped rapidly; muscles were red and well nourished. On raising the sternum the left lung was found collapsed. The mediastinal areolar tissue was infiltrated with air. On removing the heart and lungs entire $\frac{3}{4}$ vi. of blood was found in left pleura, and about $\frac{3}{4}$ viii. of bloody serum in the right.

On the left side the second, fourth, fifth, sixth, seventh, and eighth ribs were found fractured, the first about three inches, and the latter about four inches from the spine, but the fragments were not displaced.

The pleura costalis over the sixth rib was ruptured. The other ribs at the point of fracture had not wounded the pleura. There was a little infiltration of air between the costal pleura and the sixth and seventh ribs. On the right side there was a fracture of the first costal cartilage, near its junction with the ribs, and the fragments were displaced; the pleura costalis was lacerated. The heart was healthy. In the left lung, at the apex, towards the spine, was a discolored spot corresponding to the fracture of second rib. In the lower lobe at the middle of the dorsal surface there was a small triangular wound from which air and frothy blood escaped. The lung was much reduced in bulk and slightly crepitant. The lower lobe of the right lung, on the surface adjoining the middle lobe, was torn—possibly by handling. Along the back of this lobe was a coagulum of blood underneath the pleura pulmonalis which, on being cut into, flowed out and showed a complete breaking down of the substance of two-thirds of the lower lobe.

The whole of the right lung was very much congested and easily torn apart.

The abdominal viscera was healthy, but the stomach and intestines were much distended with gas.

Remarks.—The extent and rapidity of the emphysema were unusual, extending not only over most of the body but occupying the mediastinal space and even appearing under the pleura costalis and pulmonalis at certain points.

The left lung had been penetrated at two points and was completely collapsed, yet none of the broken ribs on this side were found displaced. The broken and displaced cartilage on the right side had not penetrated the lung. No other ribs upon the right side were broken, yet the lower lobe was literally crushed, showing to what an extent the ribs may bend without breaking. The bloody expectoration must have proceeded from the right and crushed lung, as the left was completely collapsed; life was therefore continued some hours with only the upper right lobe. *The crushing of the lung by the bending ribs* was the peculiarity of the case.

JOURNALS FOR SEPTEMBER.

THE CLEVELAND MEDICAL GAZETTE.—Sept.

ART. I. *The Physiology and Pathology of the Spleen*, by Dr. DAVID HUTCHISON, Mooresville, Ind. ART. II. *Vaccination*, by Dr. SAMUEL HART, Marietta, Ohio.—Describing a new instrument. ART. IV. *A Case of Poisoning by Strychnine*, by Dr. H. G. THOMAS, Alliance, Ohio.—The patient took five grains of strychnine, and in half an hour a large draught of whiskey; during this time he was under intense mental and sexual excitement; in an hour and three-quarters after taking the strychnine he was seized with spasms. Treatment: zinci sulph. ad lib. until free vomiting was effected, followed by tr. opii 3i. repeated in five hours, and cathartic the following day. The patient recovered. What effect had the alcoholic, mental, and sexual excitement in postponing the effects of the strychnine?

American Medical Times.

SATURDAY, OCTOBER 6, 1860.

TRIAL BY OUR OWN PEERS.

THE right secured to every man, under our constitution, of a trial by his peers, is one of the main bulwarks of civil liberty. It is a guarantee against any undue assumption of power on the part of the judiciary, and an assurance that the jury, before whom the trial is held, are equal in rank and interest to the litigants before them. This, then, is the theory underlying that great principle of equality before the courts, which our English ancestors, smarting under the misrule of their Norman conquerors, felt to be the compensating medium between diversities of rank in society, and to obtain which the inferior nobility of England extorted Magna Charta from their imbecile sovereign John.

But beautiful as is the idea of a trial by one's peers, and much as it may contribute to protect the weak against the encroachments of the powerful, it is found that, practically, the system does not always insure what in theory it promises. Differences in the mode of selecting jurors, differences in the qualifications exacted from them, and differences in the mode of conducting trials, have worked an almost entire change in the jury system, insomuch that it bears no resemblance whatever to the "trial by peers" as originally established and practised in ancient Britain. There, the jurors were emphatically the peers of the litigants. They were of the vicinage—some, doubtless, witnesses to the occurrences they were summoned to pass judgment upon; and all more or less familiar with the history of the case before them. Now, the reverse is precisely the condition of the jury system. No man familiar with the particulars of any case is considered entirely free from bias; no man who has witnessed the transactions forming the *res gesta* of the issue at bar is considered qualified to sit as a juror; and, lastly, no care is taken, no concern is felt, no means are employed to secure to any man a trial by his legitimate peers.

Passing even by the sad revelations of venality which attend the trial by jury in our midst, where hordes of lazy, lounging, leprous loafers throng the halls of justice, anxious to serve as jurors at a shilling a case; where low, ignorant, disreputable men, foisted into high places, are intrusted with the determination of the most delicate problems in law, weighing rights and measuring responsibilities of whose essence or foundation they possess not the least idea—passing even by these things which cry out trumpet-tongued against the weakness of our jurisprudence, we wish to ask whether the time has not come for all to insist at least upon a return to such of the principles of the ancient rubric as shall insure a fair trial—as only one can be had—by a jury of one's peers.

Certainly no profession is, or can be, more interested in such a system of self-protection than the medical, and none has a better right to ask for reform in this direction at the hands of our Legislature. It is particularly the case when questions of a strictly professional character arise before our courts, as in suits for malpractice. There, the injustice of submitting the professional qualifications of a physician

to the arbitrament of a jury of ignorant, unintelligent men, becomes a blot upon the dogma of a trial at law. As well might you summon a jury of Chinamen to determine whether an American telegraph operator has sent a message over the wires correctly, as to summon a jury, such as is to be ordinarily found in our courts, to decide whether a certain medical man had or not been guilty of malpractice. The inequality of intelligence manifested in the framing of statutes, creating courts, and regulating the administration of justice, is lamentable enough, and it is still more melancholy to see judges adhere to the letter, while forgetting the spirit underlying all law. Perhaps, and we say it with regret, they do not understand the principle at all—they have never mastered it in fact—it is an unrevealed mystery to their eyes. They know the code; and naught beside, know its crossings, sinuosities, quaquaversal rulings, not knowing, at the same time, whether it is or not leading them astray from fundamental principles, not caring, perhaps, since their reputation is naught at the start, and continues so to the end. But however this may be, it is plain that we live under a constitution—that this constitution is recognised as the organic law, to which all other laws and statutes must conform. Now a fundamental principle in this instrument is to the effect, that every citizen shall be insured a trial by his peers. If he cannot be tried by them he cannot be tried by any one. If he can be tried at all he must be tried by them.

If we apply this principle to actual daily experience, we find that no such rule or canon pervades our jurisprudence. The idea is a purely constitutional one, but in practice no one recognises, no one applies it. A man has a right constitutionally, the courts deny it to him practically. He asks for the bread of an equitable trial, but only gets the stone of a customary farcical trial. And so we go on from day to day, bowing, submitting, embracing the old image, and yet cursing it at heart.

Physicians have an undoubted right to insist upon being tried by their own peers, and by them alone. And who are, who can be their peers, but physicians themselves? Who is so competent to weigh with intelligent appreciation the particular circumstances round which revolves the issue of a malpractice case? Can that ever be an impartial trial in which a jury are required to pass upon operations partly due to Nature, partly due to human skill or human ignorance—of which operations knowing positively nothing, they are still expected to comprehend so much, by a species of intuition, as to be able to syncope one class of effects from the other, and to decide when the shortening of a limb or an ankylosed joint, when injury of the crystalline lens, or induration of the tympanum, is due to natural causes, and when to malpractice? And yet there is never a trial for malpractice in our courts where juries, incompetent to understand the simplest questions in mechanics, are not called upon to resolve some of the most difficult problems in pathology and surgery. An individual, to be considered an expert, must have been experienced in the matters about which he is called to testify, but the jury who are to weigh the testimony of experts, and to decide when doctors disagree—they need know nothing. They are to be the judges of the competency and reliability of experts, and yet are not experts themselves! Was there ever such an absurdity—such an injustice as that perpetrated in the name of equity? Hence, in any suit for malpractice, a physician is literally summoned to appear and be

judged by a jury not of his own *peers*, but a jury of *foreigners*, who do not understand the language, the laws, or the results of medical practice, but simply guess at a verdict, and thus dispose of a man's reputation and property, leaving him shipwrecked and remediless. Such is the law, under which we, of the medical profession, live, move, and have our uncertain being.

When a clergyman is guilty of malfeasance in office, he is tried before an ecclesiastical council consisting of his own brethren, who are his own peers. When a lawyer is caught (few and far between the times) in open, flagrant dishonesty, he is tried by the court, not the jury, and dismissed or acquitted as the case may be—at all events he is tried by his own peers.

But when a physician is dragged into court on a charge of malpractice, is such tenderness, is such justice shown him? Could he obtain a trial by his own peers if he asked or if he claimed it as a right guaranteed him by the constitution? We can answer the question with a No. Not a court in the country would hearken to his prayer—not a judge but would sneer at the proposition, and his counsel would be overruled as an illuminist and a theorizer.

We think we have sufficiently shown that "there is something rotten" in the Denmark of our jurisprudence. We think we have shown why physicians are, of all men, the most virtually disfranchised before our courts; and until the proper steps are taken to insure reform in this particular, we do not feel that much encouragement can be given to young men to enter their ranks. We have only broached the subject at present, as one which ought to occupy the serious attention of the profession. We shall revert to it again, and point out what, it seems to us, would be a proper movement for the profession throughout the State to make, with reference to securing itself a larger measure of protection before the courts.

THE WEEK.

THE *N. Y. Examiner*, a religious paper, which aims at an influential position as a family newspaper, and which for the most part merits general confidence, amuses itself occasionally with the dangerous experiment of throwing stones at the glass house in which resides its neighbor of the *World*. The *Examiner* represents the strictest sect of orthodoxy, and is by no means tolerant of those practices not consistent with religious principles. The *World*, on the contrary, as its name indicates, is a true representative of the popular religion of our times, which wears a white cravat, and is punctual at church every sabbath, but enjoys worldly pleasures and worldly gains immensely through the week, driving fast bargains during the day, and attending in turn the theatres and operas at night. In the opinion of the *Examiner*, the *World* is a hypocrite, and of course a dangerous paper in its influences upon the homes of our Christian families. In its last week's issue the *Examiner* held the *World* up to public scorn and reprobation for presuming to the character of a religious journal, and yet admitting to its advertising columns theatrical advertisements, and concludes in the following pertinent strain:—

"Now if theatrical advertisements must go to the homes of Christian families, we say, let them be taken there simply as theatrical advertisements, and not by a messenger who professes to stand upon 'great primal Christian truths' in

their distribution. We cannot think that 'the time has come for a living Christianity' thus 'to assert itself.'"

Presuming, from the confident tone of the *Examiner*, that its advertising sheet must be a model for a religious journal designed for the homes of Christian families, we glanced down its columns, and what was our amazement to find them crowded, not with notices of theatres, the least dangerous of all possible advertisements to the morals of families, but with the most disgusting and demoralizing notices of diseases, and the quack preparations adapted to them. Here is "Dalley's Magical Pain Extractor" which is advertised to prevent and cure (in a list of thirty-eight different diseases), small-pox and cancer. Can the Editor of the *Examiner* plead ignorance of the utter and malicious falsity of this statement? Does he use Dalley's Pain Extractor to protect his own children from small-pox, or would he recommend a friend to try it? And yet he is willing to lend the pages of his professedly religious paper to introduce this bitter falsehood into "the homes of Christian families." And this paper the cunning charlatan selects *because* it is a messenger who professes to stand upon "great primal Christian truths" in the distribution of its advertisements. In an adjoining column of the same paper, under the startling title, "Health of American Women," appears the announcement of the Graefenberg Company, which we never fail to find in a paper professing to stand upon "great primal Christian truths" in the distribution of its advertisements. Is the Editor of the *Examiner* aware of the nature of the Graefenberg Marshall's Uterine Catholicon? Does he recommend it in his own family? Nay, dare he read that advertisement at his own fireside? We believe not.

Again, we have "Mrs. Winslow's Soothing Syrup for Children Teething." The advertisement says, very truly, "Depend upon it, mothers, it will give rest to yourselves and relief to your infants." Thousands of mothers in this city are annually relieved of all further care of their infants through the magically soothing effects of Mrs. Winslow's syrup, which the religious papers, as messengers who profess to stand upon "great primal truths in their distribution," introduce to the homes and confidence of Christian families. We commend to the careful reflection of the Editor of the *Examiner* the following extract from the City Inspector's last report, in regard to patent medicines and other effects upon the mortality of children:

"A very large number of children are killed annually, in this city, by *patent medicines*. They are exhibited without any knowledge of their properties, or their power to allay the symptoms for which they are given. I ask, how many hundred infants are destroyed by the various vermifuges alone that are advertised?—given to them with the idea that they are affected with worms, when, in reality, nothing of the kind exists in a large majority of cases. The symptoms that are taken to be indicative of worms are often those of teething, or the incipient stages of hydrocephalus or tabes-mesenterica, etc., which, by judicious treatment, might be cured. These nostrums never fail to coincide with the disease and aggravate the symptoms."

Will the Editor of the *Examiner* ponder this statement well, and estimate how many of the 15,000 children who died last year in this city may be chargeable to his account?

We shall not pursue this subject further at this time. We have given sufficient proof, that while the *Examiner* was zealously engaged in pulling out the mote in its neighbor's eye, a beam protruded from its own, so large

that nothing but the almighty dollar could conceal it from its own perception. If it desires to be a safe and reliable family newspaper, let the *Examiner* profit by the following statement:—*If quack advertisements must go to the houses of Christian families, we say, let them be taken there as quack advertisements, and not by a messenger who professes to stand upon "great primal Christian truths" in their distribution. We cannot think that "the time has come for a living Christianity" thus "to assert itself."*

Progress of Medical Science.

MATERIA MEDICA AND PHARMACY.

By EDWARD R. SQUIBB, M.D., OF BROOKLYN.

Cherry Laurel Water in the Treatment of Burns.—A writer in an Italian medical gazette recommends the use of cherry laurel water as a topical application to burns. It is applied by means of lint, and the dressings kept thoroughly moistened with it. This practice of Dr. Franchino appears to be rational, and well adapted to relieve the smarting pain and heat of the parts, based as it is upon the well known sedative effect of hydrocyanic acid—this hydrocyanic acid being doubtless the effective agent of the cherry laurel water. Dr. Franchino associates the dilute cherry laurel water with solution of gum arabic, but such admixture must be of doubtful utility, since the gum must be liable to coat the parts, and thus far protect them from the contact and sedative influence of the other agent, and must also be liable to cause adhesion of the compresses.

Those in this country who may desire to avail themselves of these good suggestions and practice of Dr. Franchino, may do so by diluting the official hydrocyanic acid with sixty to seventy parts of water—or say one ounce of the official acid (containing two per cent. of anhydrous acid) to half a gallon of water. One ounce of the official acid to twenty fluid ounces of water makes a solution of about the same hydrocyanic acid strength as good cherry laurel water. Such a solution, however, would not contain the essential oil which would be present in good cherry laurel water, and which would be effective in the treatment. A much better substitute for cherry laurel water, "*Aqua Lauro-cerasi*" of the Edinburgh and Dublin Pharmacopœias—or rather a preparation almost identical with it—may be made by distilling a pint of water from a pound of recent, well bruised wild cherry leaves, as shown by Prof. Procter of Philadelphia in a most able paper upon the wild cherry—*cerasus serotina*—published in the Proceedings of the Amer. Pharm. Association for 1858, p. 319 et seq. The portion of that paper relating to the substitute for cherry laurel water may also be found in the Amer. Journ. Pharm. for Sept. 1859, p. 423. It had been long known that water distilled from wild cherry leaves possessed poisonous properties, and after the experiments of Liebig, Wohler, Garot, and Cap upon amygdalin, emulsin, etc., it became evident that not only the hydrocyanic acid but also the essential oil generated by the peculiar fermentation and distillation was almost identical when obtained from various allied plants—the almond, peach, cherry laurel, and wild cherry being of this family of allied plants. Neither cherry laurel water nor wild cherry water keep well unless carefully excluded from light and air, the strength diminishing with age and exposure. The preparations also vary somewhat in strength with the time of year at which the leaves are collected. The preparations are, however, easily made, and may with due care be easily preserved from one season till the next. Both this wild cherry water and the diluted hydrocyanic acid are well worthy a trial in the now so numerous cases of burns and scalds.

Creosote Water in Burns and Scalds.—Closely allied to the above is the use of creosote water for the same purposes. It, too, is applied by means of thin cloths, kept constantly wet. The solution is made in the proportion of six or eight drops of creosote to the fluid ounce of water, or, as recommended by Dr. B. F. Bache, of the U. S. Navy, somewhat stronger than this. Dr. Bache, whose long experience with this application gives him great confidence in its uniform good effect, adds the creosote to the water indefinitely, but in such proportion as to secure a saturated solution. After shaking, the excess of creosote soon subsides, when the solution is poured off for use, and fresh portions of water added, and shaken as before. It should be applied as early as possible, and very freely, since in common with the cherry laurel water, it is to the early or specific stages of the injury that the effects are prominently applicable. After suppuration is established, and the surfaces assume the character of ordinary sores, neither of these dressings are appropriate. In the early stages, however, the creosote water, in many cases at least, does very promptly and very efficiently relieve the pain and heat of the parts, so that frequently within two or three hours a degree of ease and comfort is obtained that is unusual in this class of injuries. And, when the character of the burn is of the first, or even of the second order of gravity, that is where the vitality of the superficial tissues is not destroyed, it is not uncommon to see the application of this remedy followed by a speedy resolution of the inflammation, and rapid recovery, and this to a degree and in a way not easily explained, either by the agency of the water, or the sedative effect of the cold kept up by change of dressings, evaporation, etc. In the use of this remedy it appears useless to annoy the patient and attendants with the disagreeable odor for an unnecessary length of time. Whatever good it is capable of accomplishing appears to be effected within the first twelve hours, or even within the first period of four hours, unless the resolution seems to be doubtful, when this or other antiphlogistic applications should be kept up for a longer time. Creosote water is very easily and speedily made, and keeps well for any length of time.

Curious Phenomena of Light.—Some two years since, the chemical world was astonished by experiments and statements of M. Niepce de Saint-Victor, showing that he was able, as he supposed, to store up light in the tissue of a sheet of paper so that the light would afterward manifest itself by its characteristic reactions upon nitrate of silver in the dark. A sheet of white paper impregnated with tartaric acid, or nitrate of uranium (neither of these chemicals being photogenic or susceptible to the action of light) was exposed to solar light, portions of its surface being covered or protected from the light by opaque objects. The paper was then taken to a dark room, and ordinary photographic solution of nitrate of silver applied to it. A negative picture of the opaque objects was the result, or the nitrate of silver was decomposed and darkened in these parts of the paper only which had been exposed to the light. Hence it was argued logically that the light had been stored up in those parts of the sheet which had been exposed to the source of light, since it had in those parts only exerted its chemical effect in darkening the nitrate of silver. More recently, however, a photographer, named Busk, has communicated to the Society of Blackeath, the results of some experiments which, if confirmed, surpass, in their wonderful character, those of Niepce de Saint-Victor, while they completely overturn his arguments, though in a measure confirming his facts. A sheet of white paper was impregnated with tartaric acid, dried, impregnated with nitrate of silver, again dried, and then had opaque objects laid upon it for a short time, all this having been done in the dark. Half an hour after the opaque objects had been removed from the paper, the paper remained perfectly white, and free from impression. It was then exposed to solar light, and a negative picture of the opaque objects was obtained. Thus the paper seemed in this instance to have stored up a latent image of the opaque objects, so that on being

exposed to the light, instead of being uniformly darkened all over the surface, as would have been naturally expected, it was so unequally darkened as to produce the outline picture of objects that the light had never struck upon. These two sets of experiments taken together are among the most striking and wonderful results of human research.

Good Chemicals for "the Fishes."—The following evidence of what may be reasonably expected from the "materia medica as now used" is extracted from "The Chemist and Druggist, a monthly trade circular" of London:

"Dr. Bewley wishing to kill a mangy cur, and having read in Magendie's 'Report on Strychnia,' that the sixteenth of a grain will kill the largest dog, determined to make sure of this very little animal by giving it about half a grain. But either Magendie's statement was incorrect, or the drug was adulterated, for at the end of ten minutes, the dog, though suffering frightfully, was not dead. Dr. Bewley resolved to put him out of his misery at once, and accordingly mixed half a drachm of prussic acid with a little milk and put it under the dog's snout. He lapped the milk with avidity, and in less than a minute vomited, got upon his legs, ran away, and recovered."

There is a ring of the right metal, namely, truth, about the circumstantial detail in this little story, and it unerringly directs the intelligent reader to a deduction that the doctrine occasionally inculcated from high places, that mankind would be better without a materia medica, is not likely to be without effect upon the manufacture and "trade" in articles of the materia medica, for it is a logical conclusion easily, and perhaps not unfrequently arrived at, that if it be better to have no materia medica, the next best thing is to have an inert materia medica—one that can do no harm.

Reports of Societies.

AMERICAN PHARMACEUTICAL ASSOCIATION.

(Continued from page 233.)

FOURTH DAY.—FRIDAY.

DISCUSSION ON NEW LAW FOR REGULATING THE SALE OF POISONS.

DR. SQUIBB remarked that the object of any law upon this subject was to control the use of poisons for murderous purposes. The difficulties, however, which lay in the way, had reference more particularly to the definition of poisons, and the placing of restrictions only upon such articles. The greater number of articles enumerated in the law, recently enacted for New York state, were not of a poisonous nature, and many had never been used either for the purpose of committing suicide or murder. This, in his opinion, was a very objectionable feature, and tended only to render the law inert. Again, some of the preparations, the sale of which were prohibited, were extensively used in the arts, and thus commerce was greatly interfered with. It seemed to him that the controlling power of the law should be exercised in the protection of the rights of persons who should be vested with the authority to sell such articles and then hold them responsible for their wrongs.

DR. SAMUEL R. PERCY, by special invitation, stated that he had worked as hard as he could to get a law enacted by the Legislature to control the sale of poisons, but the one now in force was greatly altered from the original one offered. It was proposed in the original Bill that every person who sold poisons should be regularly licensed, the object of which was simply that all such individuals should be known. The opposition to this proposition, and also to other portions of the bill, was very great, many alterations and additions were made, and even in that shape it would not have passed except by the strenuous exertions of Senator Rotch! The present law, notwithstanding it contained

only the two first sections of the one originally proposed was, in his opinion, a great improvement upon the one which had been previously in force. The object was not to control suicides but to prevent the commission of murder and abortion. It is now necessary that the name of the person to whom the poison is sold, with witnesses to the sale, be entered in a book for that purpose, and criminals knowing the danger of being identified afterwards would be deterred from committing the act. He knew of one such instance.

MR. PARRISH was in favor of such a general law as should control the free use of poisons if it could be carried out. He, however, along with Dr. Squibb thought that too many articles were enumerated. But after all the laws would be of no use except the community were blessed with conscientious apothecaries.

DR. A. K. GARDNER also made some remarks upon this subject in which he set forth the difficulties in deciding who were the legitimate medical practitioners, and also the necessity of having conscientious apothecaries.

MR. MEAKIM remarked that the apothecaries were the proper persons to settle the difficulties, and he had no doubt if, as a body, they took a stand in the matter, the public would second them in their endeavors to do what was right.

MR. CARNEY was of the opinion that the law upon this subject should impose restrictions only upon the sale of such poisons as were known to the public at large, and then the pharmacist would be relieved from all responsibility in the matter, and thus be afforded an opportunity of throwing himself upon the legality of the question when he had any doubts as to the propriety of the course he was to pursue. In his establishment he made it a rule never to sell any poisonous article except directed so to do by the prescription of a physician.

MR. PROCTER stated that there were two views to be taken into account in framing a law upon the subject of poisons. I. The protection of the public. II. The protection of the apothecary. In Pennsylvania the law names only arsenic, corrosive sublimate, prussic acid, opium, morphia, and strychnine; a register of the amount sold, date of sale, and the person to whom it is sold. The law also directs that the purchaser should be known to the vender, it does not, however, restrict the amount to be sold.

The resolution being duly presented before the Association and unanimously carried, the following gentlemen were appointed to serve as members of the committee:—Saml. W. Colcord, Boston; Wm. Procter, Jun., Phila.; W. J. M. Gordon, Cincinnati.

Mr. Gordon offered the following:

Resolved—That this Association tender their heartfelt thanks to the N. Y. College of Pharmacy, and the Druggists and Pharmacutists of N. Y., who have contributed to their comfort and entertainment during the present session.

Accepted.

A Resolution in the following form was presented by Mr. Parrish, and adopted:

Resolved—That the Executive Committee be directed to forward copies of the Proceedings, including those of previous years, as far as practicable, to the various Pharmaceutical and Chemical Societies, and Colleges in this country and Europe, with requests for exchanges.

The meeting then adjourned until half past 3 P.M.

FOURTH DAY.—AFTERNOON SESSION.

After the transaction of business of minor importance, the question having reference to some change in weights and measures, for the new Pharmacopoeia, was brought before the Association in the following form, by the Chairman of the Business Committee, Dr. Squibb:

Whereas—It is the judgment of this Association, that a change in the official tables of weights and measures is desirable and expedient:—
Resolved—*First*, That it is expedient and proper for this Association at this time, to offer its judgment upon this important subject.

Secondly, That the change of weights recently adopted in the convention of the council for consolidation and revision of the British Pharma

by which change the table of avoirdupois weight is adopted, with a new division of the avoirdupois ounce into 480 parts, to be called grains, meets the approval of this Association, and is recommended for adoption into the National Pharmacopoeia.

Thirdly—That this Association also recommends that in the writing of prescriptions the signs for ounce, drachm, and scruple, be abandoned in directing weights, and the number of grains, expressed in Arabic numerals, be used instead, preceded by the common abbreviation of the Latin word *grana*, and that the use of signs for ounces and drachms be restricted to indicate fluid measure.

These resolutions were taken up *seriatim*.

The first was unanimously adopted.

The second elicited a lengthy discussion and on being put to vote was lost by a decided majority. This being the case, Dr. Squibb, on behalf of the Business Committee, offered the following as a substitute:—

Resolved—That in the judgment of this Association it is expedient and practicable in the official formulas of the Pharmacopoeia to abolish the use of measures of capacity; and to substitute for absolute weights and measures the term *parts*, meaning *parts by weight*, and that this Association recommends such a change as the most simple, practicable, and effective one that can be at present made.

Adopted.

The third resolution was withdrawn.

The Business Committee also offered the following resolution having reference to the restriction of Sunday trade:—

Whereas—This Association recognises the justice and propriety of the recent movements in some localities, in regard to restricting the Sunday business of Pharmacutists to certain definite hours, for very obvious good reasons, Therefore,

Resolved—That this Association heartily recommends the adoption of definite hours for the transaction of the necessary Sunday business; such hours to be determined by the co-operation of the Public, the Medical, and the Pharmaceutical interests of the various localities where these interests may combine to adopt the recommendation.

Adopted unanimously.

MR. MAISCH presented the following, which was also duly accepted:—

Resolved—That the thanks of the Association are due to the President, First Vice President, Secretary, and Reporter for the efficient performance of their duties.

The minutes of the meeting were then read when, on motion of Mr. Stratton, the Association adjourned, to meet in St. Louis on the afternoon of the fourth Wednesday in August 1861.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

DR. ISAAC REMINGTON, President.

SEPTEMBER 12, 1860.

ABORTION—ITS CAUSES, DANGERS, AND TREATMENT.

DR. JAMES M. CORSE introduced the subject by remarking upon the distinction between the terms abortion and premature delivery. By abortion, he would mean the expulsion of the uterine contents prior to viability of the fetus.

After some remarks upon the history of the subject, he considered the causes, dividing them into those belonging to the mother; those belonging to the ovum; external causes; and hidden causes. Under each head a large number of causes were mentioned.

In illustration of the disposition to the occurrence of this accident in certain cases, he quoted a case from Young, of Edinburgh, where the woman aborted thirteen times consecutively, and yet carried the next conception to term.

The premonitory symptoms are such as show death of the fetus, or would evince the approach of disease, as hemorrhage, heat, coldness, heaviness. After abortion has commenced, it strongly simulates labor. The diagnosis, which is important, is made from the intermittent character of the pains, the discharge, and history of the case.

The prognosis is favorable when the affection is uncomplicated; guarded, when it is the result of great violence. The treatment depends upon the causes, and was divided by the lecturer into preventive in the inception, and premature when inevitable. For the first indication, causes, removable, must be removed. Believing that a frequent indication was the existence of chronic metritis, or inflammation of the mouth and neck of the womb, he had employed

the appropriate remedies with great benefit. He would treat acute diseases as usual, but not employing emetics, cathartics, or mercury too freely. In his practice pneumonia had always produced abortion. Chronic and some uterine affections required palliation, but in case of a prolapse of the womb, regarding it as having a tendency to cause abortion from sympathetic irritation, he would relieve it by the employment of a very carefully adjusted pessary.

When, in a threatened abortion, the hemorrhagic discharge is slight, the patient should be kept absolutely at rest in the horizontal posture, and venesection resorted to in cases of plethora. In the event of a continuance of the hemorrhage, opium with astringents would be indicated, as well as the application of cold to the abdomen. If the bleeding is very free, the tampon made with pieces of sponge may be applied. Dr. C. did not view the colpeurynter with favor.

After the discharge of the ovum, danger exists until the complete expulsion of the membranes, hence these should be carefully removed by the use of the abortion forceps, or a long pair of dressing forceps. When a portion of the secundines remains in the uterus, it may continue a certain degree of vitality, increase in bulk, and be eventually discharged as a mole. If the membranes should adhere to the uterus, and prevent its complete closure, dangerous hemorrhage may result, and ergot will prove useful.

Where the woman has a double conception, one fetus may die, and be discharged, and the other remain in perfect health until the close of gestation. When the cause is unknown, every deviation from health will require attention and careful medication, and to break up the effects of habit, the patient should be removed to a distance, and a complete change of all her surroundings made.

After some very general remarks upon the subject of criminal abortion, the speaker concluded by referring his hearers to the American Cyclopaedia of Medicine and Surgery, subject Abortion, by Dr. I. Hays, for a very complete bibliography of this affection.

DR. COATES remarked upon the importance of the subject in a medico-legal view, referring to its frequency, and the looseness of popular ideas concerning it. He mentioned the opinion of Desormeaux that the proper way to examine clots from the womb, in suspected cases, was by placing them in a basin, and passing a small current of water over them, and not separating them by employing the fingers for that purpose.

DR. CORSE again arose, and asked whether the members regarded hemorrhage after the fifth month of pregnancy as harmless. He believed four and a half months to be the period of quickening, which he explained by the rising of the womb from its confinement in the pelvis, which, taking place suddenly, frequently caused a rupture to a greater or less extent of the adhesions at the mouth of the womb, and thus abortion might occur. He illustrated this by a case at the seventh month, where the hemorrhage continued for a day, and was then checked by astringents.

He also referred to the disputed point, as to whether females liable to abortion should take exercise, or observe absolute rest and quietude.

DR. COATES regarded hemorrhage at any time as dangerous. If the menstrual discharge was the result of ovulation, he would have some difficulty to understand the phenomena of a female menstruating during pregnancy. He appealed to Dr. Corse to solve the problem, that an ovum could be discharged with a flux from the vagina while another ovum partially filled the uterus.

DR. CORSE did not regard menstruation as the result of ovulation. He believed the latter process to be continually occurring.

DR. CORSE replied that in his youth the profession generally did not consider the menstrual discharge as blood, but a secretion. The idea of ovulation as its cause had come into vogue within the last fifteen years.

DR. LAMB, in response to Dr. Corse's question, said that an extended experience had caused him to look upon hemorrhage in pregnancy as a serious matter, though

cases had occurred to him where repeated hemorrhage had taken place without any bad results. He made a distinction between hemorrhage with pain and that without. His treatment was absolute rest, and the horizontal position for a time; but when much pain was present, his prognosis was unfavorable, and his treatment active. He did not agree with Dr. Corse in the belief that abortions were most likely to occur about the time of quickening. Nor could he regard four and a half months as that period, for thus he had been led into error. He had observed quickening, or the first feeling of the motion of the fetus, to occur at from two and a half months to five, and he had learned to rely but little upon this motion or feeling.

In the treatment of plethoric patients he regarded moderate venesection as a *sine qua non*. Cold applications to the abdomen and lower part of the spine, were prominent as remedies. Though many cases of abortion were decidedly serious in their appearance, yet in a practice of forty years, averaging for a greater part of that time ten obstetric cases per month, he had never lost a patient from abortion.

To show how long a fetus can be carried after its death, he related a case occurring in his practice, where, at the third month pain and considerable hemorrhage occurred. She was soon relieved, and returned to her business. At the usual time she believed quickening to have occurred, though no enlargement of the abdomen took place. At the eighth month he delivered her of a fetus perfect in every way, about three inches long, having the appearance of an alcoholic preparation.

DR. NEBINGER referred to a case where he delivered a patient of twins, one of which was dead and partly decomposed. She was at full term, though the dead fetus appeared to be about at the seventh month, yet this dead child, during these two months, did not induce abortion. This he considered as an exception to the general rule. He objected to the belief that menstruation was independent of ovulation. To prove this point, he referred to an experiment made by himself upon a bitch during the period of heat. This excitement is of eighteen days' duration, and it is only during the latter half that the animal submits to connexion with the male. By careful observation, he noticed that about the twelfth day a discharge took place from the vagina, which doubtless was due to the great excitement of the organs of generation consequent upon the development of an ovum. At the eighteenth day connexion took place, and impregnation followed. This fact he quoted as proving the coincidence or connexion existing between the maturation of an ovum and menstruation.

He was much gratified at the opportunity afforded him of urging upon the members the importance of considering abortion as a criminal act. He remarked upon its increase in spite of the advance of civilization and religion, and its constant practice by every class. He believed the only way to prevent it was to instruct the female as to the fact that she is thus committing *murder*; that, from the very moment of conception the new being has life, and a claim for protection. This should be done in every case where the physician is requested to relieve a female of the result of sexual connexion. In the most earnest and emphatic manner, Dr. N. urged upon the members the moral duty they had to perform, and the good results likely to follow such a course. He was followed by

DR. HAMILTON, who mentioned a case of twins at full term, one of which was alive and of the usual size, but the other was much decomposed, and apparently had not passed four months. He had not been under the impression that quickening was a period of more danger than any other time, nor, if such were the case, he could not admit the explanation given, that it resulted from the disturbance occasioned by the rise of the uterus from the pelvic cavity.

His experience had furnished a larger number of dangerous cases about two and a half months after conception than at any other period. Though some such cases had lost so much blood as to be pulseless, and almost exsanguineous, yet none were lost. In these copious discharges he regarded,

as the most effectual remedy, the sudden dashing of cold water over the region of the uterus, thus causing a shock to the patient; after which nothing was so beneficial as opium in full doses, and if necessary, the free use of brandy. He placed much less reliance upon the acetate of lead.

On motion the Society adjourned.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, JUNE 27, 1860.

E. KRACKOWIZER, M.D., President, in the Chair.

SUDDEN DEATH FROM DRINKING ICE-WATER.

DR. FINNELL exhibited a stomach which was taken from an intemperate man 40 years of age. On the day of his death the patient had been much exposed to the sun, and suffered from headache. On returning home at night, being very much heated at the time, he drank a large quantity of ice-water and expired almost immediately after, while passing from one room to another. At the post-mortem examination the mucous coat of the stomach was found intensely reddened and covered by a thin layer of effused blood. About one ounce of serum was found in the arachnoidal cavity. The heart and liver were healthy. No water was found in the stomach. Dr. F. stated that the deceased had been drinking pretty hard for some time previous, but during the day of his death he was known to have been sober.

DR. CLARK remarked that it was difficult in this instance to associate the apparent cause with the effect. Hemorrhage from the stomach was common enough as the result of ulceration, cancerous disease, obstruction to the portal circulation, and the presence of a large quantity of "raw rum" in the cavity of the organ, but he had no recollection of the old cold water cases being attended with any such accident.

ANEURISM OF AORTA BEHIND THE AORTIC VALVES.

DR. FINNELL presented a second specimen of a heart removed from the body of a negro, aged 25 years, who up to the time of his death was apparently in the enjoyment of perfect health. He was found dead in his bed. The post-mortem examination of the body showed the existence of an aneurism of the aorta, the size of a walnut, just above the coronary arteries. The internal lining of the pouch was covered with small ulcerations, and the middle coat was exposed in many places. At one point an opening through the sac was discovered, which, however, was so small that it appeared like a mere slit. Atheromatous patches were found in abundance throughout the artery in the neighborhood. About two inches above the aneurism referred to, was another which was somewhat smaller in size, and presented on its internal surface also numerous points of ulceration. The small size of the opening led to the suspicion that the rupture occurred sometime in the afternoon, and when the deceased retired the accumulation of blood around the heart gradually increased to cause death. The pericardium was very much distended with clotted and fluid blood.

DR. CLARK remarked that specimens of small aneurisms situated behind the valves were occasionally presented to the Society, some three or four a year. Dr. Finnell had exhibited a considerable number, and he himself had shown several. Such cases, continued he, are always obscure so far as diagnosis is concerned. I have heard that a physician in town did diagnosticate one such case, but upon what basis I know not. I have never been able to. As a general rule I suppose that such cases never come under the observation of the physician. The disease is of such a character that the patient suffers no inconvenience from its presence, and is about his business until the death leak takes place.

DR. FINNELL stated that in most of the cases that had been presented to the Society, the rupture took place while the patient was engaged in some labor.

TUBERCULOUS DEGENERATION OF BRONCHIAL GLANDS.

Dr. J. H. HINTON presented next a specimen of tuberculous degeneration of the bronchial glands with the following history: The patient was a child 3 months old, whom I saw but once before its death, the Saturday previous. It was plump and apparently well nourished, with rather a livid countenance which the mother stated had been the case ever since its birth; she also said that it had had considerable difficulty in breathing, and that for the past few nights it suffered from spasms. I regarded it as a case of cyanosis, from an open foramen ovale, and for the spasms ordered small doses of tincture of assafoetida. On Monday morning the mother called and said the child had died during the night, she did not know at what hour. The spasms had recurred, other than this there was nothing of special moment. I went to the house of the parents about noon and found the child in its grave clothes. By permission of the mother I made a section sufficiently large only to remove the heart. Upon introducing my fingers between the lungs to divide the vessels, they came in contact with an indurated mass—the bronchial glands—enlarged to about the size of a bantam's egg. These, together with the heart, a short portion of the trachea, and the bronchial tubes at their entrance into the lungs, I removed. Upon a close examination of the specimen no lesion of the heart was found; the foramen ovale was closed. As to the vessels I could not say whether these enlarged glands diminished their calibre or not. Division of the trachea and bronchial tubes showed a healthy condition of the trachea, and an ulcerated state of the right bronchus from its beginning to its entrance into the lung; the mucous membrane of the left bronchus was eroded. The glands are contained in a firm, dense capsule, and at the time of removal presented a very indurated feel. Upon dividing the capsule it presented a softened, cheesy, light oak colored appearance. A section was examined microscopically by Dr. Draper, and found to contain tubercle cells, and inflammatory exudation matter. The extension of this disease into the bronchial tubes, and the partial closure from inflammatory thickening, I think, must have been the cause of death.

Dr. BIRNIE recollected a somewhat similar case that occurred to him while he was at the Nursery Hospital. The child was first attacked with slight dyspnoea, which finally grew worse, and death took place without a diagnosis being made. On post-mortem examination the only evidence of disease found was tubercular deposit in a bronchial gland, and one of the bronchial tubes was so circumscribed that its calibre was diminished fully one half. There was no other tuberculous matter found in the lungs or other parts of the body. The lymphatic glands in the neck were not enlarged.

Dr. CLARK stated that tuberculous deposit in the bronchial glands, to the extent of producing suffocation and death, must be very rare. It was not, however, uncommon for such deposits to cause ulceration into the bronchial tubes and produce death by those means. Occasionally the existence of these deposits can be made out during life. Not long ago the daughter of a physician of this city was seized with a very violent attack of coughing, which, after lasting for many hours ended in the expectoration of a portion of tuberculous matter about as large as the end of the point of the finger. If I remember rightly a fortnight after this another paroxysm of coughing occurred, attended with the same result; a portion of tuberculous matter, somewhat smaller in size than the first, and a very little blood was brought up. At that time I was suspicious that the matter came from a cavity. Some months afterwards this child died of diphtheria, and, on post-mortem examination, tuberculous deposit was found in the bronchial glands. In several instances that I have had the opportunity of seeing, the cretaceous matter has already partly ulcerated through into the bronchial tubes, and yet has not made a complete discharge. In some of these instances cretaceous matter has been coughed up. Dr. C. did not think that the cause of death in Dr. Hinton's case was proven, on account of the difficulties which attended the post-mortem examination,

inasmuch as no opportunity was offered to see what other cause for death might exist.

Dr. FINNELL recollected some time ago when he was engaged in making a collection of skulls of very young children, that in almost every instance the bronchial glands were more or less enlarged, and in most of these cases death took place from cholera infantum.

TUBERCULOUS DISEASE OF SUPRA-RENAL CAPSULES.

Dr. ALONZO CLARK presented two specimens of tuberculous disease of the supra-renal capsules, which were taken, the Monday previous, from the body of a lady whom he saw in consultation with Dr. Halsted. Dr. Clark was only able to give an abstract of the history of the case. For several months the lady had been ill, the chief features of the disease being emaciation and occasional vomiting, with loss of strength, which exceeded that which could be easily accounted for by the loss of flesh. There were discolorations of very moderate extent upon the forehead occurring in irregular patches. There was no enfeeblement of the intellect. At the time Dr. C. first saw her there was in the site of a blister, that had been applied over the epigastrium some weeks before, an intensely black color. There was also a bronzed discoloration along the lower lip. All these discolorations continued until the end, although they varied very much in intensity during the course of the disease. In the investigation previous to death the idea was suggested that there was some disease of the supra-renal capsule present, but it seemed to Dr. C. that the discolorations were not sufficiently marked for the basis of such a diagnosis, and he pronounced them to be merely a variety of *ephelis hepatica*, dependent upon some derangement of the digestion—probably atrophy of the liver. The post-mortem examination showed that the conjecture as to the seat of the disease was verified. The two capsules were removed with perhaps an inch or an inch and a half of the upper portion of the kidney attached. These bodies possessed a thickness two or three times greater than natural, caused by the deposit in their substance of hardened and white matter. These masses were found to be tuberculous in their character. Dr. C. stated that during the life of the patient he had suspected the existence of tuberculous disease of the lungs. She had no cough, but he thought that the case might belong to that class where this symptom did not present itself. An examination was made with a great deal of care in order to determine that point, and no evidences of disease were discovered. At the post-mortem examination the promise having been given not to open the chest, and it being very desirable that the lungs should be examined, Dr. Halsted succeeded, by entering the chest through the diaphragm, in removing nearly the whole of the superior lobe of the right lung (which organ is most likely to be the seat of disease in this country). The portion was removed and cut up, when several calcareous grains larger than a mustard seed, but smaller than a raisin pit, were discovered throughout the mass, showing that there had been tubercles deposited. The only other point that was worthy of particular mention was the fact that the kidneys were diseased. Dr. C. was not aware that in the consideration of the lesions of the supra-renal capsule the existence of disease of the kidney had been taken into account, at all events it had not been sufficiently reported upon. It seemed to him worth while to learn what was the condition of the kidneys, and so he spent some time in a microscopic examination. The fibres of the structure were normal in quantity, the malpighian bodies were perfectly natural, which was also the case with the tubes in the pyramidal portion. But in the convoluted tubes scarcely an epithelial cell could be found. The larger of these cells were opaque from the accumulation of granular matter, and only here and there was a nucleus to be found. The liver appeared to be healthy. In the course of the disease the urine was frequently tested for albumen, but none was found. A few pus globules were found to exist under the microscope.

The Society then adjourned.

Correspondence.

DOMESTIC CORRESPONDENCE.

PHILADELPHIA.

Sept. 22d, 1860.

THERE is, among those engaged in Medical teaching in this city, some evident anxiety in regard to the influence of the continued political excitement on the size of the college classes for the coming session. Had not the Presidential campaign ensued so soon after the "abduction" into which so many were, last winter, deluded, perhaps but little influence from that remarkable event would now be felt. Although the excitement which started the *stampede* was confined almost entirely to one school, and particularly to those within the influence of certain ambitious aspirants for Southern professorships, it is thought by many that its influence will temporarily prevent some in the South from availing themselves of the superior advantages offered by the Medical Institutions of Philadelphia and New York. At the same time it is known that some who so hastily departed last season are now about returning. As yet the indications do not evince any falling off in the number usually present at this early season. In College Avenue—that favorite haunt for students and private teachers, where those from every Medical institution seem to meet on a neutral ground—the Lecture season has opened with the ordinary full attendance.

Our allusion to College Avenue will remind the Philadelphia graduates among your readers of an obscure but favorite locality, in which they have spent many laborious hours, and where, perhaps, much of their preliminary practical knowledge was acquired. For fifty years, or more, students have resorted to the place, and many who are now holding distinguished professional positions made their virgin efforts in some of its dingy and rude apartments, dignified with the names of lecture-rooms and amphitheatres. It has been particularly the chosen place for private anatomical study. The building occupied by the Philadelphia School of Anatomy has been used for its present purpose for about half a century, and was the field of labor of such as Godman, Grant, and Pancoast, and is now in the possession of Dr. Agnew, who has achieved there an unparalleled eminence as a private teacher, and gathers around him an anatomical class unequalled in numbers. Dr. Agnew is personally esteemed by students of all the institutions, and with his excellent and well illustrated lectures, and half a dozen demonstrators, rooms open during the entire year, and tables always well supplied with material, he is a formidable competitor with the departments of practical anatomy in the Colleges. The emoluments from his private establishment are probably equaled by the incomes from few professional chairs in this country, and his independent position must be one that he would not exchange for any but the highest and most lucrative of such places. There have been some attempts at competition with Dr. Agnew in private anatomical teaching, but such have resulted in failure, or have not succeeded in attracting remunerative classes. Other popular teachers of the different specialties, who begin their courses before the regular college sessions commence, are located in College Avenue, and as the lecture season seems to open in this locality, we have been naturally led to make some visits to it to obtain some evidences foreshadowing the prospects of a large class for the winter. A short time will now determine whether the infection of base fanatical politics will be allowed to contaminate those who have heretofore sought science where the facilities for imparting it are the greatest, and make them practise a self-denial which will, for the most part, but result in their own irretrievable loss.

SANGRADO.

Medical News.

ARMY MEDICAL INTELLIGENCE.

STONE.—Assistant-Surgeon L. H. Stone has been ordered to proceed to Fort Randall, and relieve Assistant-Surgeon D. L. Magruder. The latter, on being relieved, has been directed to repair to St. Louis, Mo., and to report thence, by letter, to the Surgeon-General.

TEN BROECK.—The leave of absence heretofore granted to Assistant-Surgeon P. G. L. Ten Broeck has been extended until the 1st of January next.

APPOINTMENTS.

COLLEGE OF PHYSICIANS AND SURGEONS.—Foster Swift, M.D., as Lecturer Adjunct to the Professor of Obstetrics, in place of George T. Elliot, M.D., resigned.

NEW YORK MEDICAL COLLEGE.—R. K. Browne, M.D., as Professor of Physiology.

BELLEVUE HOSPITAL.—Mr. Henry M. Lyman, Mr. Heber Smith, Mr. C. A. Suydam, Mr. G. F. Ferguson, Mr. T. R. Whitney, Mr. L. Fisher, as Junior Assistant Physicians.

DEATHS.

HARRIS.—At Baltimore, Md., Sept. 29, Chapin A. Harris, M.D., in the fifty-fifth year of his age. Dr. Harris was born in western New York (Onondaga County), in 1806, and graduated in medicine in 1829, the practice of which, in a short time, he resigned, to devote himself exclusively to the science and practice of Dental Surgery. In this he had no equal. He raised that profession, both by his writings and example, far above the place it had up to this time held, through the neglect and ignorance of its practitioners; and by his continued efforts and his scientific developments he gave it an honorable position. To that profession he is thoroughly well known, both by his writings and by reason of the fact that, as chief of the Baltimore College of Dental Surgery, he was helped to instruct and form some of its most useful members. Dr. Harris was not better known, though more widely, for these labors and qualifications, nor more respected than he was for an amiable, kind-hearted disposition, and the most exemplary virtues of private life. His death is a loss to science, to his profession, to the community, as well as a calamity to his relations and friends.

EPIDEMIOLOGICAL RECORD.

NEW YORK.—Dr. N. C. Husted, of this city, writes: Intermittent fever is very prevalent on the north-western part of this island. The cause undoubtedly is owing to the frequent and severe changes in the weather, and the numerous excavations going on in that region.

THE YELLOW FEVER.—CASES AND DEATHS.—We have once more to give very favorable accounts in regard to the character of the *romito* in our city and port. When it was generally expected that the recent rainy spells and change of weather would have proved fatal for yellow fever subjects, it has been just the reverse, and the change is visibly for the improvement of the sanitary condition of the city. The total number of cases from the 1st inst., to date (22d, 1 P.M.), has been 223, and only 25 deaths, or a trifle over 10 per cent., although this is always the worst month for yellow fever. If we add to these figures the cases and deaths up to the 31st August, it will be seen that the total number, from 1st January to 22d September, has been 2,702 cases, 364 deaths; making the percentage of deaths only 13½. The cases since the 14th inst. have been 96, and the deaths only 7—a proportion of less than 8 per cent., or but one death per day; and it is to be hoped that in our next number we will be able even to report a better condition of the sanitary affairs of the city.—*Cuban Messenger*.

THE Medical Colleges of Philadelphia commence their regular courses of lectures on Monday, Oct. 8th, with a general introductory in each school.

SHOEMAKERS die at the average age of 43 years; tailors at 42½; editors at 41; druggists, jewellers, and teachers at from 39 to 40; machinists at 38½, and printers at 36½. In other words, the members of these and other indoor occupations lose more than twenty years of life as compared with farmers, chiefly from want of pure air to breathe, being shut up during the day in close, unventilated shops, offices, and counting-rooms.

DEATHS FROM THE INFLAMMABILITY OF CLOTHING.—The total number of persons who died in the United Kingdom from burns and scalds during the year 1858 was 3,125. Of these, no small proportion met with their deaths by their clothes catching fire. Neither number nor rank is wanting to emphasize the sad calamities due to the habitual employment by ladies of light and combustible attire. This last week adds to the list of victims the Countess de St. Marsault, one of the Princess Clotilde's ladies of honor, who has just expired at Paris from the effect of burns which she had received while endeavoring to save another lady whose dress had caught fire at a ball.—*Lancet*.

THE HEAVIEST CHILD BORN ALIVE.—A writer in the *Medical Times and Gazette* says, "You were good enough a few weeks ago to publish in your Journal the details of the birth of, what I then believed to be, the heaviest child ever born alive, namely eighteen and a quarter pounds. Since then I have been informed by Mr. Davies, of Pershore, that he attended many years ago a woman who was delivered safely of a living child weighing nineteen pounds and two ounces. Forceps were employed to effect delivery, the labor (as may be supposed) having been very tedious; but both parent and child did well and are still living."

SIR B. BRODIE ON TOBACCO-SMOKING.—Sir Benjamin Brodie, from the rural retreat in which he awaits in darkness some lightening of his misfortune, now comes forward to discuss the use and abuse of tobacco. His active mind will not permit indifference to human interests, even in retirement: it is with him as with princes, whom Bacon likens to the planets, that have much veneration but no rest. The utterances of Sir Benjamin Brodie on a subject interesting the health of so many millions, and still hotly contested, justly receive great respect and carry great weight. His letter is marked by extreme moderation; this will certainly increase its influence. It brings no new facts or theories to our knowledge, but comments with acuteness and without exaggeration upon accepted truths. The powerful oil of tobacco—which destroyed life in the Boccacini case, which is a drug too severely depressing to be popular in medicine, in however small doses, and of which a drop will destroy the life of a cat—cannot circulate in the blood of the habitual smoker without producing decidedly injurious effects. This dictum is not open even to discussion. But, on the other hand, Sir B. Brodie concedes great weight to the arguments of the advocates of tobacco, who recall the fact that it belongs to the same class of nervine agents as alcohol, Indian hemp, the kava of the South Sea Islanders, the Paraguay tea, coffee, and even tea—products which are eagerly sought out by all the tribes of men in every part of the world, and universally consumed.—*Lancet*.

TO CORRESPONDENTS.

Query.—"Is there any method of treating an obstinate chordee preferable to that recommended in standard books?"—J. C. O.

Chicago.—The Medical Journals were duly received.

F. E. T.—The caustic recommended by Prof. Simpson, is composed of anhydrous sulphate of zinc and strong sulphuric acid stirred to a paste.

Student.—Bellevue Hospital is now open to students free of charge. You must, however, present your ticket of matriculation, as evidence of your being a student.

COMMUNICATIONS have been received from:—

Dr. CALLEB GREEN, N. Y.; Prof. JOHN ODEBONNAUX, N. Y.; Prof. C. B. COVENTRY, N. Y.; Dr. W. B. ATKINSON, Pa.; Prof. LEWIS D. HARRISON, Pa.; Dr. E. P. AULEN, Pa.; Dr. J. G. WESTMORELAND, Ga.; Dr. O. HADLEY, N. C.; Dr. H. W. CLARK, Ind.; Dr. J. LAIDLAY, Va.; Dr. J. MOORE,

Mich.; Dr. D. LITTLE, N. Y.; Dr. H. O. HITCHCOCK; Dr. J. B. SMITH; Dr. J. ANLINE, O.; Dr. M. W. W. CHENEY, Mass.; Dr. A. D. TEACHOUT; Dr. HENRY OLIVER; Dr. J. P. DROMGOOLE, Miss.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

From the 23d day of September to the 30th day of September, 1860.

Deaths.—Adults, 193; children, 229—total, 413. Infants under two years of age, 138. Among the causes of death, we notice:—cholera-infantum, 19; congestion of brain, 9; infantile convulsions, 20; diarrhoea, 17; dysentery, 6; scarlet fever, 16; typhus and typhoid fevers, 9; of lungs, 11; small-pox, 2; infantile-morasmus, 39; infantile debility, 6.

SEPT.	Barometer.		Out-door Temperature.			Difference of dry and wet bulb, Thrm.		General direction of Wind.	Mean amount of cloud.	Rain.
	Mean height.	Daily range.	Mean.	Min.	Max.	Mean.	Max.			
	IN.	IN.	°	°	°	°	°			IN.
23d.	30.04	.04	65	57	74	7	11	SW.	4	
24th.	30.00	.10	70	62	78	5	8	S.E.	6	
25th.	29.76	.13	66	57	73	6	7	W.	5.5	.28
26th.	29.97	.23	58	52	65	9	13	SW.	2	
27th.	30.12	.16	55	50	60	6	10	SW.	9	.17
28th.	30.05	.10	52	42	60	8	11	NW.	3	
29th.	30.16	.15	47	40	53	7	11	N.	3	

REMARKS.—23d and 24th, sultry with light winds; the mornings of the 24th and 25th were foggy; 25th, wind fresh, with variable sky; squall of hail and rain accompanied with thunder, at 3 P. M.; 26th, fine; wind light A. M., fresh P. M.; 27th, wind light; rain P. M.; 28th, rain early A. M., wind fresh all day; 29th, fine, light wind all day; cloudy evening.

MEDICAL DIARY OF THE WEEK.

Monday, Oct. 8.	CITY HOSPITAL, Surgery, Dr. Peters, half-past 1 P.M.
	BELLEVUE, Obstetrics, Dr. Macready, half-past 1 P.M.
Tuesday, Oct. 9.	EYE INFIRMARY, Diseases of Eye, 12 M.
	COLL. PHYS. & SURG., Prof. Parker, Surgical Clinic, 11 A.M.
Wednesday, Oct. 10.	UNIV. MED. COLL., Prof. Metcalf, Medicine, 10 A.M.
	" " Prof. Post, Physiology, 11 A.M.
Thursday, Oct. 11.	" " Prof. Bedford's Clinic, 2½ P.M.
	CITY HOSPITAL, Surgery, Dr. Parker, half-past 1 P.M.
Friday, Oct. 12.	EYE INFIRMARY, Diseases of Ear, 12 M.
	OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M.
Saturday, Oct. 13.	BELLEVUE HOSPITAL, Dr. Clark, half-past 1 P.M.
	COLL. PHYS. & SURG., Prof. St. John, Meteorology, 10 A.M.
Sunday, Oct. 14.	" " Dr. Conant, Anat. of Brain, 11 A.M.
	" " Prof. Watts, Org. Special Sense, 12 M.
Monday, Oct. 15.	UNIV. MED. COLL., Prof. Bedford, 10 A.M.
	" " Prof. Van Buren, 11 A.M.
Tuesday, Oct. 16.	" " Prof. Mott, Clinic, 3 P.M.
	EYE INFIRMARY, Operations, 12 M.
Wednesday, Oct. 17.	CITY HOSPITAL, Medicine, Dr. Bulkley, half-past 1 P.M.
	BELLEVUE, Surgery, Dr. Gouley, half-past 1 P.M.
Thursday, Oct. 18.	PATHOLOGICAL SOCIETY, 8 P.M.
	COLL. PHYS. & SURG., Prof. St. John, Meteorology, 10 A.M.
Friday, Oct. 19.	" " Prof. Dalton, Cranial Nerves, 11 A.M.
	" " Prof. Watts, Org. Special Sense, 12 M.
Saturday, Oct. 20.	Dr. Detmold, Surg. Clinic, 2½ P.M.
	UNIV. MED. COLL., Prof. Bedford, 10 A.M.
Sunday, Oct. 21.	" " Prof. Post, Surgical Clinic, 11 A.M.
	" " Prof. Bedford, Clinic, 2½ P.M.
Monday, Oct. 22.	" " Prof. Van Buren, Clinic, 3½ P.M.
	OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M.
Tuesday, Oct. 23.	CITY HOSPITAL, Surgery, Dr. Peters, half-past 1 P.M.
	BELLEVUE, Medicine, Dr. Elliot, 1½ P.M.
Wednesday, Oct. 24.	UNIV. MED. COLL., Prof. Bedford, 10 A.M.
	" " Prof. Van Buren, Clinic, 11 A.M.
Thursday, Oct. 25.	COLL. PHYS. & SURG., Prof. Clark, Med. Clinic, 11 A.M.
	" " Dr. Bumstead, Venereal, 12 M.
Friday, Oct. 26.	CITY HOSPITAL, Surgery, Dr. Parker, half-past 1 P.M.
	BELLEVUE HOSPITAL, Dr. Clark, 1½ P.M.
Saturday, Oct. 27.	EYE INFIRMARY, Diseases of Eye, 12 M.
	COLL. PHYS. & SURG., Prof. St. John, Meteorology, 10 A.M.
Sunday, Oct. 28.	" " Prof. Dalton, Cranial Nerves, 11 A.M.
	" " Prof. Watts, Org. Special Sense, 12 M.
Monday, Oct. 29.	Dr. Swift, Clinic, 2½ P.M.
	UNIV. MED. COLL., Prof. Metcalf, 10 A.M.
Tuesday, Oct. 30.	" " Prof. Bedford, 11 A.M.
	BELLEVUE, Surgery, Drs. Parker and Wood, half-past 1 P.M.
Wednesday, Oct. 31.	OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M.
	CITY HOSPITAL, Medicine, Dr. Bulkley, half-past 1 P.M.
Thursday, Nov. 1.	EYE INFIRMARY, Diseases of Ear, 12 M.
	COLL. PHYS. & SURG., Prof. St. John, Meteorology, 10 A.M.
Friday, Nov. 2.	" " Dr. Conant, Anat. of Brain, 11 A.M.
	" " Dr. Bumstead, Venereal, 12 M.
Saturday, Nov. 3.	UNIV. MED. COLL., Prof. Post, Clinic.
	N. Y. MEDICAL COLL., order of Lectures remain unchanged.

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ALONZO CLARK, M.D., Professor of Pathology and Practical Medicine.
JOHN C. DALTON, JR., M.D., Professor of Physiology and Microscopic Anatomy.
SAMUEL ST. JOHN, M.D., Professor of Chemistry.
THOS. M. MARKOE, M.D., Adjunct Professor of Surgery.
HENRY B. SANDS, M.D., Demonstrator of Anatomy.
The Fall Course for 1860, will commence on Monday, September 24th, and continue until October 22d. This Course free to the Matriculated Students of the College.
The Regular Session for 1860-61 will commence on Monday, the 22d of October, 1860, and will continue till the middle of March following.
Fees for a full Course of Lectures \$105. Graduation Fee, \$25. Demonstrator's Fee, \$5. Matriculation Fee, \$5.
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Eleventh Session—1860-61.

FACULTY.

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J. M. CAENOCHAN, M.D., Professor of Clinical and Operative Surgery.
D. MEREDITH REESE, M.D., LL.D., Professor of Theory and Practice of Medicine and Medical Jurisprudence.
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CHAS. A. BUDD, M.D., Professor of Principles and Practice of Midwifery.
A. JACOBI, M.D., Professor of Infantile Pathology and Therapeutics.
BERN. L. BUDD, M.D., Professor of Toxicology.
*** The Professorships of Physiology, of Materia Medica, and of Clinical Medicine will be filled in time for the opening of the Session.
FOWLER PRENTICE, M.D., Demonstrator of Anatomy.
THOS. H. WHITNEY, M.D., Assistant Demonstrator of Anatomy.
JAMES H. BRUSH, M.D., Prosecutor to the Professor of Surgery.
SIMON ABRAHAM, M.D., Assistant to the Professor of Surgery.
A. W. WILKINSON, Assist. to the Professors of Chemistry and Toxicology.
The Preliminary Course will open on Monday, Sept. 17th, with daily Lectures and Cliniques by the Faculty.
The Regular Session for 1860-61 will commence on Wednesday, October 17th, and will continue till the middle of the following March.
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University of New York, Medical

Department. Session, 1860-61.

The Session for '60-61 will begin on Monday, October 15, and will be continued until the 1st of March.

FACULTY OF MEDICINE.

REV. ISAAC FERRIS, D.D., LL.D., Chancellor of the University.
VALENTINE MOTT, M.D., LL.D., Emeritus Professor of Surgery and Surgical Anatomy, and Ex-President of the Faculty.
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GUNNING S. BEDFORD, M.D., Professor of Obstetrics, the Diseases of Women and Children, and Clinical Midwifery.
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Emeritus Prof. of Chemistry and Pharmacy.

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